Post.Vac. Part II.

The report of the Medical officer of the city and county of Hereford for 1888 (Dr. H. V. Sandford M.O.) is an interesting document. Betraying in almost every line the author's belief in the vaccinal superstition he nevertheless, (unwittingly perhaps) bears testimony to its worthlessness.

On page 6 of the Report to the Urban Sanitary Authority he states that there were three deaths from smallpox of adults all vaccinated in infancy. There were 28 cases, and probably nine more reported as chickenpox. Among the former were two of the nurses. Of all there was but one who had not been vaccinated.

In this report to the Hereford rural Sanitary authority Dr. Sandford states there were three cases in the Dewchurch district of which two were of lads, both vaccinated. They had the disease severely but recovered. Fownhope district furnished a case of the most malignant type and showed three good vaccination marks. Burghill district had three cases of smallpox, one was a soldier in the militia and therefore vaccinated and revaccinated, a second case was at Portway Burghill a child under five, recently vaccinated. The third case was on a dairy maid at the asylum at Burghill also "protected by vaccination". To the Ledbury Rural Sanitary Authority Dr. Sandford reports seven cases. Two of tramps, vaccinated in infancy, one having three goods marks, the other two. They had the disease very severely, decidedly confluent in type. Five other cases occurred in a gentlemen"s establishment in the parish of Marcle. The father had a very sharp attack, although he had been vaccinated and revaccinated no less than four times, "with any amount of marks thereffom". One of his children aged eighteen months contracted the disease although vaccinated before it was three months old; another a daughter aged five years had been vaccinated in infancy and again while her father lay ill. A third child eight years old, also vaccinated a second time while the father lay ill and a fourth

aged eleven also revaccinated at the same period, had each a mild attack, all recovered.

To the Westley Rural Sanitary Authority Dr. Sandford reports five cases. One of these cases came from the Hereford infirmary. His unvaccinated infant two months old took the disease and recovered. Their next door neighbors, a man and his daughter aged twelve then took the disease each had three good marks. Another case was a confluent one although revaccinated.

Several cases of smallpox after recent successful vaccination & revaccination were reported from Barbadoes in the spring of 1903:

~~Insert p. 35~~ (Red)

Mabel Norville was vaccinated by M.C.Durant on September 15th. 1902, and had three well-marked vesicles. In February, 1903 she had smallpox. Olive Browne vaccinated in November 1902 with as a result three well-marked vesicles was attacked smallpox with in February 1903. Alice Marshall vaccinated successfully in September 1902, had smallpox in February 1903. Edith Ford and Ada Ford had smallpox in February 1903 having been "successfully vaccinated several weeks before."

The Barbadoes Reporter asks, "Why should unvaccinated people be escaping smallpox and the vaccinated keep on developing the disease?" ~~(81)~~

Note (81) The Vaccination Inquirer Vol. XXV.p.41.

Laura Greenleaf of ~~Gard~~ Gardner, Massachusetts was vaccinated in the spring. She nursed a lady sick with smallpox shortly after (Sept) and contracted it herself. (81) At Chelmsford (Essex) in 1903 a case of smallpox happened just 15 months after he had been successful vaccinated

~~Post Vac S.P.~~ ~~(25 Vac Ing 79)~~ 166

In June 1903 Mr J M Greene of Boston Mass examined the records of the Massachusetts State Board of Health for a period of ~~about~~ a little over two months for the purpose of testing the accuracy of the official statement of that Board that no case of small pox had occurred in the case of a person who had been recently successfully vaccinated or revaccinated.

In a communication to The Vaccination Inquirer for July 1903 Mr Greene gave the result of his examination, giving the names and addresses of 56 patients, all of whom had been "successfully" vaccinated within periods varying from 2 weeks to eight years ~~(class)~~ of these only 12 were vaccinated more than 3 years preceding their attack.

In May 1905 there was a small outbreak of small pox in ~~well vaccinated~~ Birmingham (England) There were only nine cases, but every one of them was vaccinated. How happens it that none of the many thousands of unvaccinated children in Birmingham took the disease?

In June 1903 Mr. J.M. Greene examined the records of the Massachusetts State Board of Health, ~~with reference to~~ for a period of about two months for the purpose of ~~testing the accuracy of~~ their statement that no case of smallpox had followed a ~~successful~~ occurred after recent successful vaccination or revaccination.

see Ing vol XXV p 20

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~~Insett p 35~~ (167+168)

In the British Medical Journal ~~for~~ of March 14 1905 is reported the case of Dr Garstang Medical Officer of Health of the Brighton Union, and in the same Journal of March 21st the case of Dr England, ~~temp~~ acting physician at the Workhouse at Cardiff who had smallpox. These physicians had necessarily been re-vaccinated.

According to Brigade-Surgeon Dr Wm Nash in his testimony before the R.B.C. 13 Novr 1889 (2c Report 2:3,559) he and the Army medical department are of opinion that while "vaccination in the army is satisfactory, ~~one~~ like any other large undertaking you cannot say that it is absolutely perfect, it is as perfect as endeavors can make it"

Nevertheless the table put in by him (Table ~~2~~ c Ib App No 8 p 278) of ~~post~~ vaccinal small pox in the British Army from 1860 to 1888 showed that there was not a single year throughout the entire period in which the army was free from ~~smallpox~~ attacks; ~~and even~~ the deaths too from smallpox in the army in Egypt in 1888 were as high as ~~as~~ 1.9 per 1000 or 1900 per million! And these among men in the most virile period of life.

According to the Army Medical Report for 1889

"A detachment of the 1st Battalion Welsh regiment was stationed at Assouan during the latter part of 1888 and the early part of 1889 ... the disease broke out among the troops, two cases also occurred on the voyage from Assouan to Cairo. Notwithstanding all the precautions taken in Cairo and due regard having been paid to vaccination and revaccination, the disease kept on the increase, and in the month of May presented signs of doing so still further ..... the Welsh regiment, on the recommendation of the principal medical officer was removed to Abbas Siyeh where the situation is healthier ... the principal medical officer, Deputy-Surgeon-General Jameson remarks smallpox is always more or less prevalent among the natives in Cairo."

Here ~~then~~ we have an illustration of "the epidemic constitution of the atmosphere" whereof Sydenham spoke.

At the meeting of the Metropolitan Asylum's Board on March 3rd 1902, Admiral Adeane, Chairman of the Ambulance Committee, stated in answer to a question by Dr. W.L.Beurle, one of the Committee, that two of the ambulance attendants had contracted small-pox, one within twelve months after he had been successfully re-vaccinated, and the other had not been then re-vaccinated because in the opinion of the medical superintendent, the man was already sufficiently protected by re-vaccination.

A pupil at the Charter House, named Gillespie, developed small-pox December, 24th., 1901. He had been successfully vaccinated about four weeks previously. Having quite recovered he returned to the Charter House, February 22nd., 1902. On March seventh he developed an eruptive disease ~~with~~ which Dr. Haig Brown, the school Physician, and Dr. Pierce, the Medical Officer of Guildford rural district, pronounced to be small-pox. #78

The British Army Department Report for 1899 records fourteen cases of small-pox in the army in India, with one death. Of seven cases at Peshawar, the report says :-

"All the men attacked bore satisfactory vaccination marks."

There were three cases at Kowshera, two at Rangoon, one at Kirkee, and one at Mhow, and the report says :-

> "All seven men had good vaccination marks, and in the Mhow case the patient had good marks of vaccination during infancy and of re-vaccination after enlistment in 1898."

In February, 1902, there was a death from small-pox in Plymouth, England. The family in which the death occurred lived in one of the poorest, most unsanitary and most densely populated parts of the town. There were four children. The oldest had been vaccinated about four years before, the second was un-vaccinated, the third had been vaccinated about twelve months before, the youngest, aged two months, was unvaccinated. The father, a retired seaman of the royal navy, had been vaccinated and re-vaccinated; the mother had been vaccinated in infancy only. The oldest child was first attacked, and died in five

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#78 "The Vaccination Inquirer", Vol.XXI V., pp.20b.-21c. quoting the Morning Leader.

days. The rooms occupied by the family were "disinfected",and the surviving members of the family consented to be isolated on board the floating smallpox hospital for two weeks. The father and three children were vaccinated while on the ship. The mother agreed to be vaccinated upon her return but was not. The mother did not take the smallpox;the two children who had never been vaccinated at all,but had been exposed to the contagion (?)of smallpox for five days,also escaped. The one who died had been successfully vaccinated within FOUR years,also one of the other children who took smallpox and recovered.

In the report of the Health officer of Brecon,(Wales,)to the town council of that town,dated July 8th:1902,details are given of seven cases of smallpox with one death;every one vaccinated. Dr:Frazer officer to the Fwyrifai Rural Council reported a case of smallpox in the Carnarvon Union,at Dinorwic,[79] in a child of nine months,who had been successfully vaccinated four to five months before. Four disdinct vaccination marks were noticed on the child's arm. The case was a severe one and the eruption very copious.

In the (Br:)Army Medical report for 1900,(issued in July 1902,)it is stated that in India:

> "There were thirty-six cases of small-pox with three deaths..... In all the instances the men attacked bore satisfactory vaccination marks,some had been re-vaccinated since enlistment,and one of them had had smallpox before. In Malta there was one case....the patient bore good marks of vaccination." In Gibraltar, "There were four admissions for small-pox.....All of the men bore satisfactory marks of vaccination."

Mr:Adolphus Howard of Todds'plantation,St:George,Barbadoes,was vaccinated by Mr:Evan S.Greaves,(public vaccinator,on the 8th:October 1902,and according to the official return"successfully". On the 18th:November of the same year he was stricken down with smallpox and taken to the smallpox hospital at St:Helen's Schoolroom.[80]

A watchman,named Woodroffe,was vaccinated by Dr:Deane about three weeks before the 6th:September 1902,and his vaccination is said to have "taken beautifully." One week later he was taken ill with small----------

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[79] The "Vaccination Inquirer",Vol:XXIV,p.93a.

[80] The Barbadoes'Agricultural Reporter,September 6th:1902.

-pox and was said to have taken the disease in the "modified form"; he died of it on the fourth of September. We must suppose his death was also "modified."

Two things are worthy of note with regard to these two Barbadoes cases: First, that the small-pox was almost certainly IN-vaccinated and Secondly, the use of the term "modified" even when one resulted in death. ~~Was the death modified?~~ Was the death modified?

No one who has not himself been engaged in attempting to get at the true facts of some case can form any conception of the very large and ungrateful labor to be undergone, and the discouragements to be ever-y-where encountered, and especially from all public officials, in endeavoring to probe behind the assertions of pro-vaccinist officials. In the cases above given we have demonstration of the untruthfulness of the public records of Great Britain, and of the efforts of the Registrar-General of the present day to conceal the errors, also a complete negation of the statement of the vaccinists above quoted. And not only so but we have the official records filled with grave errors, but always in the direction of serving (well or ill) to uphold the particular theory of vaccine prophylaxy which then happens to be in vogue among the medical officials; and now we have the Registrar General who should be jealous for the exactitude of his records and grateful for all efforts to correct whatever accidental errors may appear therein, changing the practice of his office so as to augment the difficulties attendant upon investigation and to render the detection of such errors, and consequently their correction, well-nigh impossible.

In describing certain cases of inherited Syphilis, Dr. O. Edward Janney, professor of diseases of children, Southern Homoeopathic College Balt., says:- "They suffer in body, in mind, in morals, pass through the world handicapped in the cruelest way, not having the power to become useful members of society, but possessing unfortunately the power to transmit their wretchedness to offspring. Hence come many neurotics, insane, epileptics, inebriates, criminals, moral idiots and incapables."

Every true physician who has had any extensive experience will recognize that this picture is not overdrawn; the very great increase in the number of ~~such~~ sufferers from "vaccinia simulating syphilis" following in the wake of the vaccinator

paints to vaccination as a cause; the destruction by constitutional disease of children whose parents had caused them to be "well-born" and had thus done their duty to their off-spring; the close analogy, only short of identity which has been traced already in these pages between cow-pox and Syphilis, leaves no room for doubt,

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but that these are among the evils which Jenner and his followers have entailed, and are continuing to entail upon the race.

Among the Vaccinides as among the Syphilides is to be counted Eczema. (81) In the Homoeopathic Medical Gazette, (Dunedin, Australia,) October 15th., 1895, is an account of Eczema in a child, five years old, dating from her vaccination, four and a half years previously:

> "It takes the form of thick, brown, moist scabs, which cover the chin, lips and corners of the mouth; there is a raw surface behind the ear, several pustules on the legs and fingers. Slight scratches do not heal well, but go on to suppuration. The child is sensitive to cold and likes to be well wrapped up. Is very subject to sore throats and colds. Every time she went out in the evening she would return with a loud croupy cough. There is an enlargement of the tonsils and numbers of hard swollen glands in the neck."

In a work by Dr. Joseph Jones, professor of Physiology and Pathology at the University of Nashville, Tennessee, U. S., before quoted ~~published in 1868~~, entitled "Researches upon Spurious vaccination, or the abnormal phenomena accompanying and following vaccination in the Confederate Army, during the American Civil War", 1861-5", it is recorded that the Federal prisoners, confined in Camp Sumpter, Andersonville, Georgia, were vaccinated, and in a number of cases large gangrenous ulcers appeared at the points where the vaccine lymph had been inserted, causing extensive destruction of tissues, exposing arteries, nerves, bones etc. About one hundred lost the use of their arms and about two hundred of them were so injured that they soon afterwards died. In an official inquiry instituted under the suspicion that the vaccine virus had been intentionally poisoned, it was shown that the unhappy consequences of vaccination at Andersonville were paralleled in the Northern prisons, and Dr. Jones ~~says~~ states, as a result of his inquiries among returned Confederate prisoners that :-

> "The accidents attending vaccination were quite as numerous and severe in Northern prisons as in Southern."

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(81) Many cases of Eczema have come before me both in my own practice and in dispensaries, which might reasonably have been considered as due to vaccination; but wherever the case has been complicated with a history, either of gonnorhoea or syphilis, and the treatment of those diseases by the physician has left it possible that the disease had been suppressed and not cured, or where cured, a drug disease has been supervened upon the venereal, I have not ascribed the disease to vaccination, and none such cases are included in this work.

Epilepsy from Vaccination.

Dr:Althous reported a case under his care at the Hospital for Epilepsy and Paralysis,Regent's Park,London,inthe British Medical Journal of September 28,1889.

" K.H. a young man,a letter carrier,aged nineteen,a sturdy-looking lad,comes from a healthy family,is one of ten children,all living,none of whom have shown the slightest trace of a neurotic tendency.....Had been vaccinated as a baby,but in accordance with the regulations of the Post Office,he had to be revaccinated when,in June lastyear,he applied for a situation as postman. At that time he was perfectly well and strong,and his habits had always been steady.The vaccine took"very well",but the lad soon afterwards began to feel ill,and swellings appeared in almost all the joints of his body. He was inbed only for a day which excludes the idea of Rheumatic fever. He soon got up again and began his duties,and had his first epileptic fit about a month after he had been inoculated. Since then he has had fit about once a month,and they occur both in the daytime and at nig He has fallen down unconscious in the street on several occasions,while delivering letters,and has been on the sick list four times during the last eleven months for a month or three weeks at a time.....The symptoms of the seixure are well-marked: He suddenly turns his head to the side,becomes unconscious and rigid,gets black in the face,bites his tongue,foams at the mouth,and is convulsed for three or four minutes....If taken in the street he has a very short aura,and then falls down. In the intervals betwwen the fits he complains of headaches,giddiness and loss of memory,but there is no sign of organic brain-lesion

Dr:Althous in giving the above description stated,that he had seen a number of cases,in very young children,in which the first occurrence of epileptic convulsions had been attributed by the parents to vaccination,but that in all these cases he had doubts about the post and propter hoc.

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Dr. John Henry Clarke testified before the Royal Commission, 1889. Is a doctor of medicine of the University of Edinborough and practices in Clarges St London.

Q. 22906. He testified as to the imperfection of the protection afforded by vaccination; the dangers arising from the importation of the vaccine virus and the, in his opinion, unjustifiableness of compulsion; as to the first point, he had met several patients who had been vaccinated and yet had smallpox very badly. In one case patient had been vaccinated twice and had also had smallpox twice after the vaccination.

Q. 22,912-13. As to the dangers arising from the introduction of the vaccine virus, first, it is an unknown one. When a patient takes smallpox, he takes smallpox and nothing else; when there is matter put into his arm from some human being or some animal, he has vaccinia imparted to him, but he has also the possibility of other things. ~~Whereas~~ He has had number of patients in whom the consequences of vaccination have appeared to be very serious; the illness has begun with the vaccination and has continued ~~a~~ long ~~while~~ after the acute vaccinia disease has passed away.

Q. 22,914. Asked of what descriptions, he said of various kinds; skin diseases of various kinds and bone diseases. He described one case in particular; he was the only member of his family who was delicate and his delicacy dated from his vaccination. His disease was a scrofulous one in many of his joints, making him a helpless cripple. Another case was one of syphilis, the contamination evidently dated from the vaccination - asked how "evidently?" ~~said~~ he said "the other children of the family were quite healthy."

Q. 22,915. The nature of the case was unmistakable - was seen by a number of medical men - the bones were affected, the eyes were affected - she became blind.

Q. 22,924. In another case of a pretty large family, the healthiest escaped vaccination, the unhealthiest was very much vaccinated on both arms.

Q. 22,927-8. Has seen a number of very severe cases of skin disease pretty clearly traceable to vaccination. Had seen one

that day in a woman, about 30 vaccinated about ten years ago. She was very ill with vaccinia and developed a skin eruption which lasted three years. It is liable to return. I have seen one case of death that of an infant. The inflammation spread from the arm and affected chest and lungs and caused death. ~~and~~ Dr Clarke confessed to the crime of being a homoepath and was viciously cross-examined by Drs. Savory, Bristowe and Hunter of the Commission but they failed to shake his testimony.

On the eighth of December, 1896, Charles R., son of Henry Mc. Kinney, died at Reading, Pa., after an illness of about four years. He was eighteen years old and under the law of Pennsylvania, requiring the vaccination of school children, he had been vaccinated four years previously upon the left arm. The limb soon swelled to twice its natural size and became black and blue. It healed, but the boy became affected with curvature of the spine; there were numerous holes in his back (from abscesses?) and he wasted to a mere skeleton. The certificate of death was "general tuberculosis" due to vaccination, "with vaccinal matter obtained from a tuberculosis subject". (Philadelphia Ledger, Dec. 10th., 1896) What evidence is there that the vaccinifer was tuberculous? None is given. If it were clearly so, then what was the excuse for taking vaccine matter from such a subject? If it were not so at the time of its vaccination, as is most probable, but became so afterwards, ~~was it not its~~ it is not probable that it was vaccination which conveyed tuberculosis to the vaccinifer? Arm-to-arm matter was used in this case, but the danger of tuberculosis being invaccinated is at least as great when the matter from a cow is employed, as when that of a human being is so used, not only because the bovine race is more subject to that diseased condition than is the human, but also because the presence of the foreign microzymas, (those of a cow) is apt to set up a regressive metamorphisis in the tissues of human beings and tubercle is the last expression of such retrograde metamorphisis.

In the Atlas, Plate ~~XXVIII~~, Fig. 8 is the protrait of the leg of L. C. taken at Baltimore, Maryland, March, 1889, the patient being then in his twenty-first year. His history is as follows: He was vaccinated in 1872, during the prevalent small-pox scare, and it was said not to have 'Taken'. In consequence of vaccination being insisted upon by the Baltimore school board as a condition for admission to the public schools of that City, he was again twice submitted to the operation with the like apparent absence of result, and he was finally admitted to school on a certificate of "insusceptibility". There is no

taint of Syphilis in his family, but his father died of consumption. In the year 1892, in consequence of a change of residence, the unfortunate lad was sent to another school in Baltimore. His father being dead, his guardian gave positive orders that he was not to be vaccinated at school; that if further attempts at vaccination should be insisted on, that it should be done by their family physician, the guardian was not opposed to vaccination, but feared that the public vaccinator might not be careful to procure "Pure lymph". The lad at the time was ~~four~~ thirteen years old, of fair intelligence, had no bad habits, but was of a nervous temperament. In spite of the positive orders of the lad's guardian and of his own resistence he was forcibly vaccinated at school. He returned home with the blood yet wet upon his arm, which almost immediately became [illegible] inflamed and swollen, and a high fever set in. He was confined to his bed for a week and has NEVER BEEN WELL since. Sores broke out over his entire body in patches with dry scales over his head, arms and legs. The vaccine sore on the arm ate right down and into the bone and did not heal until the following spring. After several years of suffering and of constant care and the best medical treatment obtainable, he is still a great sufferer. Under the influence of the false notions of modesty fostered by our civilization (?) he could not be induced to permit a portrait of his body to be taken in the nude, but the scaly inflamed patches shown in the portrait of his right leg are repeated in numerous places upon his body and limbs. They are of a lightish red color, eczematous and 'weeping': the facts as above given are set forth in the printed testimony in the case of Field vs. McGlumphy in the Court of Common Pleas: p.54 Sworn 28th. April, 1899.

In the "Cohoes News" of Cohoes, New York, for November 15th., 1898, it is stated that :-

> "Tidings received yesterday from Honolulu confirm the story that Corporal James H. Sawyer of Company D., (Albany) had been stricken with blindness, due to vaccination and was on his way home"

In the Atlas, Plate ~~XXI.~~ XXXV, Fig. ~~1.~~ 3 is shown the portrait of a young German, who had been twice vaccinated in Germany. Some years

later on immigrating to this country, he was again vaccinated by the Health Officials of the port of New York. The eruption is only imperfectly shown in the portrait which is copied from a photograph: it broke out a few weeks after his last vaccination, and some of the spots soon became running sores which continued when up to the time he was last heard of. He has been a cripple ever since and his health is completely broken down. He obtained work in Fall River, Mass; but was obliged to abandon it and returned to Europe, his health absolutely ruined. The photograph from which the plate is copied was taken by J.F.Suddard, at the Gallery of Mr. Gay, Photographer, Corner of South Main and Borden Streets, Fall River. In Brussels he was treated by Dr. Boëns, by whom the photograph was forwarded to Mr. Tebb, author of "The Recrudescence of Leprosy" and by him given to the author. The last heard of the victim was in 1896, he was still living still crippled and still suffering.

A case, the pathological phenomena whereof strikingly resemble those of the foregoing is that of Teresa Allsop an employee of the Midland Railway Company of England. After being examined by the Company's physician Dr: Thornton, who declared her to be in perfect health, she was sent to Bedford as Kitchen-maid (in the refreshment department.) Not a word was said ~~to~~

> to her about vaccination when she was engaged, but after she had been at Bedford a few weeks an inspector came down from St. Pancras and told her she would have to be revaccinated. To this she objected, as she had good vaccination marks on her arm, but she was told she must either be revaccinated or leave. Under this pressure she submitted, and was revaccinated. The pocks did not come out in the proper places, but swellings under the arm appeared, followed by sores on the vaccinated arm, which gradually spread until they covered the arm from elbow to fingers. The sores filled with matter, burst, died away, and filled again. Miss Allsop continued at her work till October, 1902, when she was sent home to Derby "for treatment," the treatment she had had at Bedford failing to effect a cure. After reaching home the other arm became affected in the same way as the vaccinated arm, and both were covered with the sores. In this condition the arms were photographed in April last, though not then at their worst. For fifteen weeks Miss Allsop was out-patient at the Derby Infirmary, but received no benefit. At the present time the places have healed, though there is, of course, no certainty that they will not break out again. Anyhow, she has had some seventeen months of suffering, and has lost her situation into the bargain, for the Company have never once inquired how the "treatment" was progressing, or whether she was alive or dead, neither have they paid her any wages or compensation since they sent her home.#

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She had never suffered from any skin eruption of any kind nor had her parents or any of her five others and sisters, all of whom were living and in good health

by Dr. A.F. Goldsmith (the public vaccinator with ~~the government manufactured "Glycerinated~~ "Calf-Lymph".

Atlas, Plate XXIX Figs are portriats of her arms.

#Mr: A. Feltrup of Derby, "Vaccination Inquiry" Vol: XXV, p. 200 and letters from him to the author Feby 16, ~~1904~~ and Feby 25/1904

Co: Certificate of "successful re-vaccination" by Dr Goldsmith and certified by G. S. Chitham the vaccination owner.

(265a of best copy)

265a

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292 A case, the pathological phenomena whereof strikingly resemble those of the foregoing is that of Teresa Allsop, an employee of the Midland Railway Co: of England.[87] After being examined by the Company's physician, Dr: Thornton, who declared her to be in perfect health, she was sent to Bradford as kitchen maid, in the refreshment department. She had never suffered from any skin disease or eruption of any kind, nor had her parents or any of her five brothers and sisters, all of whom were living and in good health. Not a word was said to her about vaccination when she was engaged, but after she had been at Bedford a few weeks an inspector came down from St: Pancras and told her she would have to be revaccinated. She objected and showed that she had good vaccination marks upon her arm, but she was told she must either be revaccinated or leave. Under this pressure she submitted, and was "successfully" revaccinated by Dr: A. F. Goldsmith, the public vaccinator with "Calf-lymph".

Swellings soon appeared under the arm, followed by sores on the vaccinated arm, which gradually spread until they covered the arm from elbow to fingers. The sores filled with matter, burst, died away, and filled again. Miss Allsop continued at her work till October 1902, when she was sent home to Derby "for treatment", as she was told, the treatment she received at Bedford failing to effect a cure. After reaching Derby, the other arm became affected in the same way as the vaccinated arm, and both were covered with the sores. Some slight improvement took place, and in April 1903 her arme were photogr-aphed. For fifteen weeks Miss Allsop was an out-patient at the Derby Infirary, but received very little benefit. At the time this statement was made public she had had seventeen months of great suffering, and had lost her situation for the Company have paid her no wages since they sent her home "for treatment", never once inquired how the treatment was progressing, or whether she was dead or alive. See Atlas Plate XXIX Fig: 4 is a portrait of her arms.

(Note must be placed on same plate)

(87) #Mr: A. Feltrup of Derby in "Vaccination Inquirer" Vol: XXV, p. 200 and letters from him to the author, dated Feb: 16 & 25 1904 Also copy of Certificate of "successful revaccination" by Dr: Goldsmith, the copy certified to as correct by G. S. Chitham the vaccination Officer of Derby.

On the twenty-eighth of June, 1882, Dr. William M. Welch, Physician to the Municipal Hospital, Philadelphia, read a paper before the Philadelphia County Medical Society, "On some unfortunate results of Vaccination". Dr. Welch is ~~a well-known ultra~~-advocate of vaccination he said :-

"When vaccination is performed with strictly pure vaccine lymph there are very few accidents or serious results that are at all likely to follow. Of course the inflammatory process may be aggravated by any injury to the vesicle, or by careless or reckless exposure of the vaccinated arm to long continued cold or wet. In certain peculiarities of constitution, latent cutaneous diseases are sometimes brought to the surface; and in children having a very marked scrofulous diathesis, enlargement, inflammation and sometimes suppuration of the cervical or axillary glands may occur. Erysipelas has been known to follow vaccination under peculiar atmospheric conditions, or in some persons having a strong predisposition to that disease, just as it follows sometimes the slightest abrasion of the skin. At Westford, Massachusetts, according to Dr. [redacted], who was summoned to the inquest, the people of Westford became alarmed at the presence of one or two cases of small-pox, and the selectmen of the town appointed two physicians as public vaccinators. The agent of the selectmen purchased from the City Physician of Boston for seven dollars a quantity of vaccine virus taken from the arms of children. One of the city physicians broke up the crusts, put the pieces into a bottle with a little snow (selected because of its supposed purity) and whenever he had to perform a vaccination he would shake up the bottle, dip his lancet in the mixture and vaccinate. He had for results, sores resembling dissecting wounds, inflamed and erysipelatous arms, diffuse abscesses and systemic poisoning in more than half the cases, Three of the number died with terrible symptoms and suffering, and some are said to have been left with maimed and useless arms. Only a very few were fortunate to

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It is monstrous, this talk of "strictly pure vaccine lymph". In the first place - being under all circumstances a 'product of disease' how can it be "pure"? But further - all vaccinists on being interrogated, one and all say that there is absolutely no method of testing the virus, or of distinguishing the "pure" from the impure, the harmless from the lethal, except by the result. This fact was admitted by all the pathologists who testified upon this branch of the subject before the Royal Commission of 1889, was demonstrated by the investigation by that commission of the Ward and other cases of vaccinal syphilis and by the cases of Mr. Jonathan Hutchinson. (Archives of Surgery) But even with "strictly pure lymph" we are now told accidents may happen, but that they are "very few". But by what right can the community justify the infliction of any such accidents upon innocent persons? For many years it was positively declared that NO 'accidents' or injuries could be caused by vaccination. Every case was insolently denied, or excused or sought to be explained away; and the grossest abuse and invectives wereshowered upon the learned and upright physicians who reported them.

escape free from injury. A large number of medical experts were summoned at the inquest, and very many of them could see nothing wrong in the virus or the method of using it.

The truth in the case was partly let out by Dr. Martin, though he could not see its bearing. Dr. Martin testified that these terrible results were clearly to be ascribed to the introduction into the system of a virulent Septic poison, in the form of decomposing animal matter. But that is just what all vaccination is, no matter which of the many brands of virus, except Tartrate of Antimony, be employed, and whether done "under strict aseptic precautions", or not. Vaccination except as aforesaid, or except done Homoeopathically, is always "the introduction into the system of a septic poison in the form of decomposing animal matter." Only the degree of virulence varies according to many varying conditions, whereof, and of their nature and effects we are almost wholly ignorant! Dr. Welch continued, citing,

> "The world-famed experiments of Orfila, in which the lean of beef and mutton was cut up, mixed with water, and with this mixture the animals were inoculated from day to day. This was continued for several days without any result, but after a time, the inoculations were followed by precisely similar results in the animals, (i.e. similar to those described as having taken place at Westford) and death occurred in almost every instance. Unfortunate results quite similar to those just narrated occurred some years ago in the experience of one of the vaccine physicians of this City, (Philadelphia), the only difference being, that in this instance no deaths were known (italics mine, M.R.L.) to have occurred. The facts may be stated as follows: During the month of June, when the physicians were performing from twenty to thirty vaccinations daily he came into the possession of some crusts (humanized virus was then used altogether) which he found to be particularly reliable, a matter of considerable importance to a vaccine physician, for he is paid only for successful cases. The virus was prepared for use in the ordinary way, by pulverizing it between two pieces of glass of the size of microscopic slides and by adding sufficient water to reduce it to the consistency of cream. From this, vaccinations were performed during the day/ and whatever of the matter remained unused by evening was allowed to remain on the glasses, which were placed together, rolled up in a piece of paper and carried in the vest pocket. This practice was continued for several successive days, when at length... there was developed in a large number of the children vaccinated horribly sore arms, erysipelas and other symptoms of septic poisoning. Waterhouse also describes a terrible catastrophe which occurred at Marblehead, Massachusetts, in the nature of a variolous epidemic (84) I have only time to refer to a few of the many bad results from the use of bovine virus, which have come to my knowledge through medical journals, private correspondence, etc. Dr. D.I.McMillan of Sunbeam, Illinois, reports quite a variety of curious effects from the use of bovine virus obtained from a reliable house in Chicago, "a firm which only

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(84) See, Supra P.

deals in first class goods." The effects consist mainly of large and deep ulcers on the arm, active inflammation, copious eruptions, severe constitutional symptoms and convulsions. Another physician says : "about one in ten of all vaccinated have bad arms, with a high grade of fever and an eruption resembling that of rotheln or German measles." The remark is occasionally heard among those who suffered, "I would rather have the small-pox than be vaccinated." Dr. T. M. Rogers, of Fairfield, Illinois, says. 'In the last few weeks almost nine-tenths of our community have been vaccinated, and mostly by bovine virus. We first used points and quills, but, being expensive, and we found, rather uncertain, we sent to New York for Bovine Crusts. These have been used by a number of physicians in this town and vicinity. As a result, in many instances, whole schools have been broken up from one to four weeks on account of the severity of the virus: the vaccinated arms were swollen from the shoulder to the tips of the fingers, and presented dark-red, sometimes almost black ulcers from one to one and a half inches deep and from two to three inches in diameter, which proved difficult to heal; these often occurred in apparently healthy persons, both old and young. Those who had typical scars were not exempt, but did not suffer so severely, and the disease usually ran a much shorter course. I would be glad to know if this has been the experience of others. Physicians here have had similar experiences."

Through the courtesy of Dr. Lewis, I have recently seen a letter written, May 20, 1882, by a Physician of Karthaus, Pennsylvania in which he says that about two months ago a case of small-pox occurred about seven miles from his residence, and as most of the citizems had never been vaccinated, he concluded he would give them the benefit of vaccination. He wrote to a very reliable drug firm of Philadelphia, requesting a supply of bovine virus in the form of crusts. They were duly received and he began vaccinating April 22nd., and continued until May 10th., when he concluded the virus was not pure, for, instead of producing true vesicles, it gave rise to phagedaenic ulcers, eating out the integuments of the arm nearly to the bone, and causing severe constitutional symptoms in some cases, and in others typhoid symptoms to such an extent that their lives were in great danger. The "vaccinated" arms swelled from the shoulder to the hands, and in one case an abscess occurred in the axilla four weeks after the "vaccination" had been performed. The ulcers spread to the size of a silver dollar, though the place of insertion of the virus was about as large as a silver three-cent piece. Diptheria of a malignant form occurred in several families and always among those who were vaccinated. In one family, two cases out of three died. There had been no diptheria in that part of the country for several years; and, so far, it has occurred only among those who were "vaccinated". In many cases there was an eruption all over the body similar to rubeola. The patients were left in an anaemic condition.

Very serious results have also been known to follow the use of a patented vaccination compound known as "cones". Dr. T. S. Hopkins of Thomasville, Georgia, writes:

"Our town authorities have employed a physician to vaccinate all persons presenting themselves for the puspose. The virus was furnished by the town and procured from the New England Vaccine Company, Chelsea, Massachusetts, as 'bovine matter'. The result has been fearful. Nearly every one vaccinated has suffered severely from erythema or erysipelas, the arm swollen from shoulder to wrist and the point of puncture presenting the appearance of a sloughing ulcer, discharging freely sinous pus. Many of the cases have been confined to bed with high fever from five to ten

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See Atlas Plate XVI, Fig. Case of Joseph White and Plate XVII, Fig. Cases of William Plowman and William Hibbert.

358268 — 183 222 357

days, requiring the constant application of poultices to the arm, and the free use of morphia for the relief of pain. It is rumored that the National Board of Health intends to distribute vaccine matter through the country. I deem it my duty to inform you of the result here from the matter used, and from whence it came. It came in 'cones' said to contain (each cone) enough to vaccinate

268 Note 357 368

(86)# note to p. 183

This is unquestionably true, and as has been seen, even the vaccinationists admit that vaccination may develop a morbid discrasia. Such admissions are the more conclusive that they have generally been made in efforts "to preserve vaccination from the reproach" of having directly inoculated serious or fatal illness. The extent to which these developments of diseased tendencies which but for such excitation might never have become apparent, cannot be even guessed at, though when the superstition of vaccination shall have become obsolete, the effect will be seen in the vital statistics, as ~~ously~~ displayed by Mr: Biggs in the case of Leicester.

But a case of bilateral blindness and deafness reported in "La Semaine Médicale" of Paris of the 26th: August 19o3, furnishes an indication which might be usefully followed up in other cases.

At the Clinic at the Salpetrière, in the service of Prof: Raymond, there appeared a girl of eighteen years of age.

She appeared to be in perfect health until August 19oo when she was suddenly attacked with violent and constant XXXXXXXX headache accompanied with vomiting, nervous crises and XXXXXXXXXX loss of consciousness. In January 19o1 the headaches and vomiting diminished and there seemed to be a general slight improvement, but her sight began to fail. Ambliopia continued to increase, and finally she became totally blind, bilateral deafness also appeared and soon became total. Other symptoms of bilateral cerebral disease evidencing the presence of a large tumor are described which it is not necessary to detail here. The father had been tuberculous and died of tubercular disease, and without doubt the unfortunate patient inherited this discrasia; but what started it into activity?

La Semaine Médicale mentions that the patient was a twin, that she inherited her father's constitution and her sister who was perfectly healthy resembled their thoroughly healthy mother, but gives no hint as to the cause which lighted up the tuberculous fire. I instituted inquiry, of course under the difficulties attendant on distance, but my inquiries were directed to the habits, modes of life and nourishment of the two sisters and their clinical histories. Both were reported to have been in perfect health up to August 19oo when the patient was taken down as mentioned. Up to that date their modes of life, their habits and nourishment had been identical. Both had been vaccinated in infancy; on the still healthy twin sister it had "taken" and she recovered, on the patient it had not "taken" and for that reason, when some ten years later a scare of small-pox had been raised in Paris she had had the operation repeated, when it was said to have "taken, but poorly".

Evidently the more feeble constitution of the patient had been unable to expel the vaccine poison as her stronger sister had done, and the "local inflammation" (Dr: Shand) had started the tuberculous discrasia into activity. Such at least is the most probable answer to the question, although no positive answer can be given; it furnishes however a strong argument against the practice of putting into the life-stream matters of unknown properties, matters whereof the only thing that is known is that they are the morbid products of disease and are capable of lighting the fires of horrible and incurable forms of disease.

..., Queen's Park, and saw the infant of Mr. Smith, which had been vaccinated about a fornight previously by the public vaccinator, Dr. Roberts. Two medical men, who have since seen it, Drs. Farndon and Crozier, diagnose it as a case of blood poisoning by vaccination.

[illegible]

days, requiring the constant application of poultices to the arm, and the free use of morphia for the relief of pain. It is rumored that the National Board of Health intends to distribute vaccine matter through the country. I deem it my duty to inform you of the result here from the matter used, and from whence it came. It came in 'cones' said to contain (each cone) enought to vaccinate one hundred persons at a cost ~~xxxxxxxx~~ of one dollar per cone. It 'takes' in all cases, regardless of previous vaccination, as shown by well pitted mark, and the inflammation begins frequently on the second day. Those who have tried it tell me they would much prefer to have small-pox."

Dr. Snively of Brooklyn, who reports the case of Chief-Engineer Whittaker, U. S. N., who took erysipelas about two weeks after vaccination and died, informs me that the vaccination was performed from one of the "patented cones". Dr. Kershner, of the Navy, who originally had charge of the case, expresses a doubt about the erysipelas being caused by vaccination, but adds, "but had the vaccination not been there he might have escaped the disease. I have had no other cases but the Powhatan, lying near us, had one fatal case some weeks ago".

There are other forms of so-called "preserved vaccine" used in some other countries which have given rise to serious results. In Italy the plan has been tried of cutting out the "pustule" (vesicle), placing it between two thick glasses, one having a small concavity for its reception, and thus sending it to distant places for use. This method is no longer practiced; the sad occurrence at San Quireio gave it a fatal blow. "Thirty-eight children vaccinated in the heat of summer by means of similar fragments of flesh which, by the testimony of the vaccinators themselves, exhaled an abnormal odor, were seized with eclampsia and extensive phlegmonous inflammations, and many of them died". At Milan the plan has been adopted, by M. Nobli, of excising the "pustule" on the sixth or seventh day fixing it with a pin in a piece of wood, with the bleeding surface downward, and scraping off the parenchymatous structure to which are added some drops of glycerine; the mixture thus made is preserved in close vessels, in a refrigerator and sold. Worlamont has used this material, and says - "Whether in the calf or in the infant, the insertion of this matter, rich in animal particles, nearly always gives rise to phlegmonous and eczematous pustules. Inexperienced vaccinators think these to be "splendid pustules", we consider them to be of bad quality, and their evolution is frequently accompanied by inflammatory complications."

I. Chappie Shand M. B. C. M., Physician to the Glasgow Public dispensary, says in the Medical Press for February 15th., 1882 :

"It is quite a recognized fact that local tubercle is developed by local inflammation, especially in the subject predisposed to tuberculosis; and bearing in mind that vaccination is a local inflammatory process, it becomes clear that a probability, almost amounting to a certainty, exists that tubercle may be introduced to the previously healthy individual through vaccination." 357

The following is verified by Dr. William Young and W. Faultless M.B., M.R.C.S., in a letter to Wm. Tebb. :

" In company with Mr. Faultless, I yesterday visited 68 Droop St., Queen's Park, and saw the infant of Mr. Smith, which had been vaccinated about a fornight previously by the public vaccinator, Dr. Roberts. Two medical men, who have since seen it, Drs. Farndon and Crozier, diagnose it as a case of blood poisoning by vaccination.

The poor child is in a bad state. It has numerous sores and blisters in various parts of the body, some of the patches, which are almost raw, being as large as my hand. Its mouth and lips are also ulcerated and under the most favorable circumstances it must endure a fortnight or three weeks suffering. I have communicated the facts to the Local Government Board, with a request that they will cause an investigation to be made.

As to Bovine Virus, I find in the Eleventh Annual Report of the Board of Health of the State of Michigan for the year 1883, the following replies to the question :- "If you know of any serious cases of illness caused by vaccination, please state the details of it, mentioning the source of the virus used."

"G. W. Orr, M. D. stated that a number of children were covered with a thick rash during the height of the febrile stage and a few were badly afflicted with ulceration at the seat of vaccination Most of the points were puschased of H. Boswrth & Sons of Milwaukee Wisconsin.

One reported two severe cases in one of which the virus used was procured from the Health Officer of Chicago, and the other from the New England Vaccine Co.

One reported ulceration sores at the seat of vaccination, profuse rash in some cases lasting three months; one of a week's sickness, with fever, virus produced from Watertown farm, Wisconsin and from a farm in Buffalo, N. Y.

One correspondent wrote - out of 180 vaccinations, three or four only were seriously ill. These had very high fever with the entire cutaneous surface as much irritated and reddened as in any case of scarletina I ever saw. The condition of intense sever-ity lasted two or three days. A portion of the virus was produced from Dr. C. H. Leonard of Detroit, a portion from Dr. Griffin of Chicago."

In June, 1888, Dr. Warren S. Stokes of Boston, Mass. determined to be revaccinated, to make himself doubly sure against danger. The operation was performed by Dr. Wallace on Saturday, June the second. On the following morning Dr. Stokes suffered so seveely from nausea and other symptoms of poisoning, that blood poisoning was feared. Getting constantly worse, he was removed to the City Hospital where he became de lirious and died on the 18th. A post mortem examination revealed the fact that his death was solely due to blood poisoning.

The following case is described in Pickering's "Which? Sanitation or Vaccination" (p.158 and seq.)

"The victim of the disease, which is attributed by the parents and various medical men, including Dr. Miller, Medical Officer of health for Nelson, to be the effect of vaccination, is a young lad residing with his parents in Sutcliffe's Place, Colne. The mother of the lad conducted us to the spacious kitchen. Here we found the lad seated listlessly in a large, comfortable rocking chair by the side of a glowing ..... fire. He was clothed in shirt, vest and knickerbockers, his arms and legs being left uncovered and presented an appearance painful in the extreme. Dwarfed and deformed, with a small pale face, large eyes which instead of beaming with intelligence, showed a hopeless in-

difference to everything which passed around him, the lad's condition ~~looked~~ pitiable indeed. His mother informed us that he was nearly twelve years old, but the unfortunate boy looked no more than five at the outside. The right arm which had been vaccinated was much the worse deformed of the two. It was scarcely as thick as three fingers of an ordinary man's hand and was drawn up across the narrow chest, as if in a sling, the hand being turned at an unnatural angle, giving a dislocated and claw-like appearance. Only two thin, skeleton-like fingers were extended, the others being clutched together; the whole limb was paralyzed and totally useless. On the back of the hand, the elbow and shoulder, were sores too hideous to be described in detail, which exuded, almost continually, a foul yellow matter. The elbow joint was swollen and contrasted strongly with the slenderness of the arms above and below, which were merely skin-covered bones. Two other sores existed, one on the body under the arm, another under the chin. This latter wound had closed up, but the mother of the lad said that some time ago, a hole under the chin, where the sore now existed, went so far that "you could see the roots of the tongue". On the left cheek was another large sore which disfigured the little face sadly. The left arm, although not so deformed as the right, was of very little use to its owner, being as thin as a lathe except at the joints. The back of the left hand was covered with a foul, festering mass, and the fingers were slender and elongated until they also resembled the claw of a bird. Sores little better than those on the habds, almost covered the lad's knees and both feet, which were unusually small, bore similar corrupt excrescences. The Mother informed us that all the sores exuded filthy matter which made perfect cleanliness among the lad's clothing and bedding impossible. The lad's brother about nine years of age presented an appearance the exact opposite of that of his elder brother. He was a sturdy strong little fellow with ruddy cheeks and bright eyes. Repeated efforts and long continued on the part of physicians had failed to effect any amelioration. The child was sick from the time of its vaccination but only about two years after did the sores break out in the virulent manner described. The parents had had twelve children all healthy except this one. He had gone to school when able to get about, but had been sent away "because it would not do for him to sit with the other children." When he was a little better than usual he would wander about the streets and the mothers of other children would call them away that they might not be in contact with him.

This is clearly a case of Vaccinal-Syphilis though the name is immaterial: Mr. Pickering mentions two other cases, at Cleckheaton, near Keighly, which he says were as bad as the one above described. Now what is especially to be noticed is, that the child who for ten years had suffered such torture, must have had an extra ordinarily strong vitality to have survived so long, and thus the life here ruined and tortured is one calculated by nature to have been more than ordimarily useful to himself and to his countrymen. Plate XXXV, Fig.1. is a copy of the portrait of the unfortunate boy published with Mr. Pickering's work.

Plate xxlx Fig:is acopy of Willan's picture of:
" Roseola ofVaccinia,an efflorescence which commonly appears in a congeriesof dots and smallpatches,as here represented,but is sometimes diffuse like the variolous rash:it usually occurs at the same time with the areola,and around the inoculated part."(Willan's Skin disea

It would be difficult to find a stronger illustration of the power of preconceived opinions and bias than this remarkable bringing in of "The variolous rash",when the only thing the rash completely suggests is the roseola of syphilis,to which it bears an ideal resemblence.

Plate ~~XXXL~~., Fig. 2 is the portrait of John Praendar, a child of healthy Swiss parents, born September 23rd., 1875, described as healthy until vaccinated. Was a sturdy and beautiful child, as were also his four brothers and sisters, he walked at the age of nine months. On the sixteenth of June, 1876 he was vaccinated by the Official Vaccinator. Eight days later his feet began to swell, abscesses formed, his teeth began to rot, his glands to swell. Fistulous sores appeared on his hands and feet. The photograph from which the figure is copied was taken in May, 1882. He could neither walk nor stand; several of the bones of his hands had rotted out. It was such cases as this, and the spirit of liberty not yet dead in Switzerland, which led that freedom-loving people to reject on a referendum the system of blood-poisoning to which the name of vaccination has been given. Parental affection is not yet dead among the Swiss. It seems to be sleeping among the citizens of (supposed) free america!

In "The Animal's Defender" for August 1902, (Boston, Mass.) pp.21-2 are a number of cases of vaccine disaster. They are given upon the authority of the editor Mr. Jos? Greene, Treasurer of the Anti-Vivisection Society of New England who obtained the facts either from the attendant physician or from the parents of the victims, except where otherwise stated. Mr. Greene writes that "the physicians seem afraid to give their names for publication.

David Halliday, of Mattapan, had his daughter, Mary, vaccinated about Christmas, 1901. She now has consumption, which the Doctor says is incurable. Consumption has not been known before in the family. The patient has gone to Colorado.

Mrs. Upham died at the Cullis Home, Dorchester, March 19th., from blood-poisoning caused by vaccination two weeks before. Had a bad arm and suffered much. The doctors say she "might have lived several years" if it had not been for the vaccination.

~~37c 272~~ 182/286 ~~359~~

Miss G. Williams, 9 Taylor Street, Waltham, for 11 years in the employ of the Waltham Watch Co., was vaccinated about the middle of March, 1902. She did not desire it, but the edict went forth that the employes must be "vaccinated or leave". Being the only support of a widowed Mother, she took the risk. Although strong and healthy before, she soon became ill, and alamring symptoms manifested themselves. Her limbs swelled to twice their normal size and her sufferings were terrible. The doctor called it "rheumatism of the tissues", but acknowledged it was caused by vaccination. For fourteen weeks she was unable to work and is doubtless delilitated for life. These facts are vouchered for by Mrs. Ethel C. Bishop, wife of Dr. J. C. Bishop of Waltham and Boston.

Mr. B. F. Dunn, of Dunstable, Mass. writes us that in obedience to a notice "posted on schoolhouse" last December, all of his seven children were vaccinated in the early part of January, 1902. Freddie, the oldest, died of lock-jaw on Jan. 23rd., and of the remainder, four were ailing all winter, their arms not healing till the latter part of May."

Mrs. J. W. Phinney, of West Medford, was vaccinated a few months ago, at the time of the small-pox scare. Seven or eight days afterwards she was attacked by violent pains and cramps that "could not be relieved by any treatment." Morphine was administered, and a medical consultation was held at which the doctors were obliged to admit that the trouble came from vaccination. The pain continued for three days, during which the patient lost seven pounds in weight. This peculiar result of vaccination is called "girdle pain", and is said to be not infrequent.

Harry P. Shugg, 728 Walk Hill, Dorchester, had his two sons vaccinated last November. The elder, perfectly healthy before, became soon after affected with three running sores on his arm, which had not healed as late as May tenth. The poison has also affected his eyes. The younger boy "broke out with sores on various parts of his body", and his general health has suffered great-ly.

H. W. Whitcomb, 145 Munroe St., Lynn, was vaccinated when five years of age. Perfectly healthy before, he became afflicted with sores and ill health which lasted for ten years, when he took small-pox, which purified his blood and put him in a condition of robust health.

Park W. Masters, 12 years old, son of the well-known teacher of dancing, Prof. E. W. Masters of this City, was vaccinated last January. The arm became greatly swollen, convulsions followed, and for a time his life was despaired of. He was sick for nearly a month.

Chas. Wilkins, 2 Brooks Street, Cambridgeport, nine years of age, was vaccinated in August 1901. Up to the middle of May, 1902, the ulcer had not healed, and the boy has developed consumption from which his doctor says he cannot recover. Previous to vaccination he was a healthy child, but was obliged to be poisoned in order to enter the public schools.

We have received a letter from Geo. Hilts, of Bristol, Michiga-n, which says he was vaccinated the middle of last March. He has given up hope of ever again using his arm", which has a "running sore, eaten almost to the bone".

Miss Flora Stafford of Lynchburg, Tenn., writes us that she was vaccinated about ten years ago, on the "urgent persuasion" of her physician. Before that time her "health had been perfect". After vaccination she carried her arm in a sling for two months, and at one time expected to loose it. Four years ago her left hand "broke out with boils", and general blood-poisoning was feared This poor woman says she has "never seen a well day since that time" and her arm is now "swollen and sore most all the time."

The little daughter of Victor Jarrett, 35 Hancock St., Boston, was vaccinated in Belmont last winter. The child at the time was healthy and strong. Shortly afterwards she began to show signs of illness in the vaccinated arm, which gradually grew worse and worse. Lockjaw finally set in and she died.

On April tenth last, Albert L. Nichols of East Brookfield cut his throat with a razor, leaving a wife and five children. He had been ill and despondent "ever since he was vaccinated last summer.

On March 11th.,"while temporarily deranged owing to sleeplessness and pain due to vaccination, " Edwin C. Dyer, 21 years, of 165 Franklin Street, Portland, Maine, shot himself through the head.

A. W. Worthley, 72 West Rutland Sq., Boston, was vaccinated on the 15th. of last January by his family physician, a man of wide experience and caution, with "Army and Navy Vaccine", best quality, and out of a fresh box. "Don't use after Jan.25th." was on the box". The vaccination "didn't take" in the way expected, but an eruption under the skin soon appeared all over the face and body of Mr. Worthley, who suffered terribly for several months, losing 36 pounds in weight. The doctor called it "variola in the blood" (85) Before vaccination Mr. Worthley was in oerfect health.

The seven-year's-old-son of Frank Hamil, Berlin, N.H., was vac-cinated about March 21, 1902. As a result symptoms of lockjaw made their appearance on April 6th., and the boy died on April 8.

Walter, the two-year's-old son of Robert Robinson, 14 Union Street, Cambridge was vaccinated March 15th. by Dr. Jones, City Physician. The father states that the doctor was told at the time that the child had eczema trouble, but that he "kept right on vaccinating the child." Two days after vaccination the arm turned black: one week after vaccination convulsions set in, and the child died on April 4th. Death certificate reads "Spinal Meningi-tis.

302 — In Atlas, Plate ~~XXXII.~~ XXXVII, ~~Fig.3~~ Fig. 2 from the Clinical Society's Trans: Vol.26, p.114, Feb. 10th., 1893 we have a case of

"GENERALIZED VACCINIA", Drs.C.H.Fisher and T.D.Ackland.

The figures were drawn on the 43rd. day after vaccination. The pocks on the cheeks, lips, forearm were about fourteen days old, that above the left eyelid about 56hours.

Vaccinated with humanized lymph forty two removes from the calf. Presents a confluent eruption around points of inoculation by the fourteenth day. A secondary eruption over trunk and extremities: pocks continuing to appear until the sixth week after vaccination; death on the 49th. day. The Mother's breast became inoculated from the child. The vaccination was performed with every care by a vaccinator of long experience. The child had previously been in good health and was free from any eruption. The 'lymph' was obtained from a typically healthy child in the North of England and was the 41st. remove from the calf.

In five whole generations of VACCINEES, besides two other individuals in the direct line, nothing unusual happened except in one case, 46th. from the calf, numerous supplementary vesicles

This is a senseless expression. The is no use for it, except to give a sonorous meaningless "explanation" wherewith to fool the victim and his friends.

(88) # This is either an admission that the vaccination imparted gave one of the worst forms of smallpox & the vaccinee & it is meaningless.

Note to Insert to "Generalised Vaccinia". 189

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We do not possess sufficient clinical material to enable us to ascribe with certainty congenital jaundice to parental vaccinia as a cause, but there is some evidence to that effect. We know now that there is a close analogy between syphilis and vaccinia. We also know that ancestral syphilis is a prime cause of congenital jaundice. Where parental syphilis and other constitutional taint can be excluded in a case of congenital jaundice parental vaccinia remains as the only cause. Dr. M. A. Chaufford in " La Semaine Medicale" for January 16, 1907 describes what seems to be such a case in a young man in whom jaundice showed itself the day after he was born and continued up to his 24th. year, when Dr. Chaufford commences his history. Unfortunately the usual professional mental attitude upon the subject of Vaccinia prevented such an investigation of the case as might have thrown further light upon the subject.

~~374~~ 274 189 228 ~~350~~ ~~360~~

303 — formed around the points of inoculation. Nothing appeared amiss on the 8th: day, and three children were successfully vaccinated with lymph taken from its arm. The vaccination in all three cas-

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~~(Inset p. 374 red)~~ 190

The student will note that such cases as the above have been sufficiently numerous to have had given to them a specific name- viz: Generalized Vaccinia. They are instances of the "new and strange diseases" which Birch, Rowley and Mosely foretold as certain to result from injecting human beings with the poison of beast's diseases.

Another case is described by Dr. M.K. Hochsinger in the Wiener Med. Wochenschrift for IO of November I906. The following is translated from the French translation published in "La Semaine Medicale" for the IO ~~of~~ January I907.

A vigorous infant of three months was vaccinated, and thirteen days later, when the pustules were already transformed into thick and adherent crusts, there was a fresh access of fever, and there appeared an erythema around the place of vaccination. The next day, near the crusts, vesicles appeared, some confluent, some solitary, which surrounded the place first vaccinated in the form of a cross of about four centimeters. The character of these eruptions resembled precisely the vesico-pustules of the vaccination. They proceeded to form crusts and when these fell off, leaving three principal cicatrices(in addition to those of the original vaccination,) there were about fifty smaller cicatrices. The only difference between these secondary pustules and those of the primary vaccination consisted in their more rapid evolution which was completed in five days.

Dr. Hochsinger goes on to blame a supposititious hematogenous condition, shutting his eyes to the plain fact of inoculated poison.

I do not hesitate to predict further trouble for this unfortunate infant.

formed around the points of inoculation. Nothing appeared amiss on the 8th: day, and three children were successfully vaccinated with lymph taken from its arm. The vaccination in all three cases was without complications.

On the 14th. day when Dr. Fisher again saw the child, the four vesicles had coalesced and were covered with a scab, while innumerable small pocks had formed around the points of inoculation. These soon became pustular and the scab over the four vaccination wounds which had coalesced, came away leaving a large open sore.

Scattered pocks formed on back of hand, face, lips and trunk, twenty eight in number by the 43rd. day, varying from 1/6th. in: to four inches in diameter, the latter being at the seat of vaccination. These pocks commenced as minute shotty pustules, rapidly becoming vesicular spreading by peripheral extention and in some cases coalescing. The eruption continued to appear for nearly five weeks, the last pock formed was noticed 42 days after vaccination. The child died 49th. day after vaccination."

Dr. Fisher stated he had known the parents THIRTEEN years and there was no reason to suspect the slightest syphilitic taint. Not one of all the six vaccinifers in the direct line, all of whom have been examined, show any evidence of congenital or inoculated syphilis.

Insert

In the Trans. of Dublin Journal of Medical Science, June 1st., 1880, is a case described by Wm. Stokes F.R.C.S., of Vaccinia Gangrenosa Atlas, Plate XXXIII., Figs. I, II, & III.

"M.E.McM. Previous to recent illness was a healthy strong, well nourished child. Was admitted to Richmond (Eng.) Surgical Hospital at nine months of age, February 17th., 1880.
The Mother gave the following history of the case.
February 7th. child being in perfect health, was taken to the neighboring dispensary to be and was vaccinated. Child did not seem to suffer except that the arm looked somewhat red and swollen immediately after. These signs subsided toward evening.
Next morning (Sunday) the child was feverish and toward evening seemed to be very ill and refused all nourishment. On Monday morning within forty eight hours after vaccination, a number of purple and black spots appeared, first on the buttocks, next on the face, and subsequently all over the body. They were not raised, and were about the size of a six-penny piece except on the buttocks and calves of the legs where they were much larger and quite irregular in form. The eyelids were swollen and closed.
The child was then taken to the Mater Miseracordiae Hospital.
Dr. Coppinger then described it.

The child was covered with a petechial eruption of a purple black color. There were large Bullae over the buttocks: the conjunctivae were injected and the eyelids swollen. The Mother's account to Dr. Coppinger was that the child had been poisoned by vaccination two days before. The vaccination marks were clearly seen. The Doctor of Richmond Hospital described it on its admission there, February 17th., 1880. He said : the body and face were sparsely covered with spots, each of these ~~were~~ covered with a yellow scab exactly resembling the crusts to be seen in a mild case of variola that is convalescing. There were large sloughing surfaces on both buttocks, on the back of the right thigh, on the calf of one leg and on both arms. The largest of these was on

304 2d Co the right buttock and back of the right thigh: it was eight inches long and two and one half inches in width at the widest part. In the middle of it was a large black slough separating : it was dry and looked like leather. The slough implicated not only the whole skin but also the subjacent tissues. There were three distinct well marked vaccination vesicles on the left arm, one of which had been ruptured. They presented the appearance usually seen on the ninth or tenth day; they were healthy looking, but there were large sloughs in their immediate proximity. (88)

~~Drawings were exhibited to the Society and seem to have been afterwards lent to Mr. Hutchinson as he referred to them when describing the case~~

The treatment was then described, it was specific, and the child recovered. But though it recovered, it is absolutely certain that its vitality has been injured for life; nor does any record show what diseases may have followed it from time to time during probably its whole life, the true source of which remained unsuspected; disclosed only in the gross after many years by the census returns showing a continual increase in the ratio of the dependent classes to the rest of the community.

In 1882, the late Dr. Hubert Boëns of Charleroi, the Author of ~~as well as of "Les Maladies" and ...~~ numerous works on Variola and Vaccination, to which subject he devoted more than 30 ~~25~~ years close study and observation, laid before the Belgian Academy of Medicine the history of several cases of confluent smallpox following animal vaccination, and of 129 subjects vaccinated with 80 points of calf lymph, furnished by Dr. Worlomont, many of whom he says "have presented symptoms, both local and general, of having been poisoned by putrifying matter."

Dr. Francis Vacher, Medical Officer of Health forBirkenhead, published a long list of diseases communicable from animals to man, when used as food. The fact (he said) "is sufficiently well attested to re

Note to p 361 (red)

(88) Drawings to accompany this case were exhibited to the Society, and seem to have been afterwards lent to Mr. Jonathan Hutchinson for the purposes of the discussion upon the cases of gangrenous eruptions brought by him before the Medico-chirurgical Society – see Transactions vol: 65; but no such drawings are given in the transactions either of the Dublin or of the London Society; nor have I been able to find ~~them anywhere~~ any in any book in this country.

..., Dr. H. A. Mar

the right buttock and back of the right thigh: it was eight inches long and two and one half inches in width at the widest part. In the middle of it was a large black slough separating : it was dry and looked like leather. The slough implicated not only the whole skin but also the subjacent tissues. There were three distinct well marked vaccination vesicles on the left arm, one of which had been ruptured. They presented the appearance usually seen on the ninth or tenth day; they were healthy looking, but there were large sloughs in their immediate proximity. (88)

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Dr. Francis Vacher, Medical Officer of Health for Birkenhead, published a long list of diseases communicable from animals to man, when used as food. The fact (he said) "is sufficiently well attested to remove all doubt on the subject from the mind of the medical practitioner". If this danger exists where the analysing, synthesising and excretionary functions of the alimentary canal afford a comparative safeguard, how much greater must the risk be when the disease is communicated direct to the blood by inoculation of vaccine virus. It is sometimes said that diseased animals are not used for vaccination. That some are so used, even by so experienced a vaccinator as Dr. Worlomont is clear from his admission to the animal Vaccination Conference, that in consequence of bad health on the part of animals, they had not always produced the effects he had expected; but the cow-pox itself is a disease, and animals suffering from it are necessarily diseased. The great calf lymph apostle, Dr. H. A. Mar

Insert p. 351

of gangrenous eruption in the transactions of the Medico-Chirurgical Society vol 65. but I have not been able to find any copy of these drawings in this Country

-tin, in the New York Medical Record for April fifteenth, 1882, observes that the eruptions and rashes so common at the introduction of vaccination are again becoming common where animal vaccination is practiced. The vaccine disaster in Georgia in April,1882, during which more than five hundred persons were disabled with sloughing ulcers, (Professor C.D. Scott, President of the South Georgia Agricultural College, says that in his institution one hundred were rendered unfit for duty for a period of from one to six weeks :), arose from the use of animal virus obtained from the New England Vaccine Company(See post p) Dr. T.S. Hopkins, in his report to the National Board of Health,Washington, says that "the patients would much prefer to have the small-pox." In the State of Rhode Island, the Providence Journal, in March 1884, reported of the public vaccination done by order of the local authorities with animal lympth that in one of the towns nearly every person vaccinated has had trouble-rash or erysipelas with great swelling and delirium, and in some cases even more serious ailments; and I once more remind the students of these pages that Jenner insisted that the pustulous sores which appear spontaneously on the nipples of the cow, free from erysipelas are "incapable of producing any specific effects on the human constitution." It can not then yield that "permanent morbid condition of the blood," which Sir James Paget in his lecture on inflammation says is necessary to secure the desired protection.

In the New York Medical Record for May 26th, 1883, p.569 is a case of paralysis of the arm following vaccination communicated by Prof. J.H. Pooley, Prof. of Surgery at the Toledo Medical College.

Eugene S. German, married, aged twenty-two. Is a finely developed athletic young man, and has always been perfectly healthy. On August 5th, 1880 he was vaccinated on the left arm at the usual situation, the insretion of the deltoid muscle, with the so called bovine virus. A large number of persons, about fifty - were vaccinated at the samt time, and with the same virus, in none of whom did any untoward results follow. S. had a very sore arm, the vaccine pustule became a large, deep ulcer, with a wide-spreading areola of dusky redness, indurated, painful and tender. The lymphatics in the axilla were exceedingly painful and enlarged to such an extent that it was thought at one time they would inevitably suppurate. He had also pretty severe constitutional reaction, with high fever and slight delirium.

(86) The student of these pages will remember the loss of power in my left arm which followed my experimental revaccination in 1894.

About September first when both the local and constitutional symptoms were decidedly on the decline, he got up one morning and found his left arm completely paralyzed. I first saw him on December first, 1880; his condition then was as follows. The left upper extremity was still perfectly paralyzed. When lifted up and then let go of, it dropped to his side like a lifeless and inert mass; he had not the slightest power to move it, nor any part of it, not even a finger. There was complete anaesthesia and analgesia: he could not tell when it was touched, or distinguish between ice and boiling water. A pin thrust into the limb, or small incisions, were entirely unnoticed.

This anaesthetic region extended completely up the arm, and quite to the top of the shoulder, also over the pectoral region half-way to the sternum, and behind as far as the spine of the scapula, ending quite abruptly at these points. The limb continued to be well nourished, but I thought the muscles were flaccid and deficient in tone.

I could detect no difference in the pulsation on the two sides and the temperature was the same in both axillae. The vaccination sore had been well some time, there was no enlargement in the axilla, and his general health was first-rate. The palm of his left hand was constantly wet with perspiration even in the coldest weather, there was some of the well-known "glossy-skin" appearance about the fingers, but no causalgia, or pain of any kind. A few herpetic or eczematous vesicles were distributed about the roots of the nails. He had no pain, when I saw him, but had previously had, in addition to that caused by his sore arm and axillary swelling, darting, lightening-like pains the whole length of the limb, together with tingling and pricking sensations.

The following cases reported by Dr. J. H. Frothingham of No. 3 Woodlawn St., Lynn, Mass., were published in the "Echo" for December, 1882 : - "M

"Mr. and Mrs. Rufus Newhall of Essex Street, Lynn, died from vaccination. Jerry Fellows of Salem died from small-pox after having been vaccinated near a dozen times. I am told he had small-pox three times and died with it. Frank Alley of this City has had small-pox twice, he was vaccinated. Mr. Fred Stoddard, Alley St., Lynn, two children very bad from vaccination. Mr. Lucien Newhall 's step-son, bad arm. John Dillon of Commercial St., Lynn, Dr. Rogers of Western Ave. and Franklin Street, very bad cases of vaccination, vaccinated by Professor Morrill Weyman, Cambridge. Webster Brown and wife both had small-pox after vaccination, they live on Shepherd Street. Dr. Abbott of Wakefield, Mass. dired a cow in Saugus and inoculated her with matter from small-pox patients. He told the owner of the cow it would be all right to sell the milk, which was done, to a milkman, and the case came to the notice of A. A. Carleton, milk inspector, who gave me the facts. James Ed. Potter, 40 Lake Street, Glenmere, Lynn, two children and self vaccinated, one child died from vaccination: the other is a cripple for life. He was taken to the City Hospital, Boston, and a verdict of poisoning by impure virus was rendered. I could find fiv -e hundred such cases in a month if I were paid for my time to look them up. Dr. Noyes can testify to the truth of this statement."

Blood-poisoning, from calf-lymph, during the small-pox scare in the United States in 1882, occurred in almost every section of this country, and by wholesale in Thomasville, Georgia.

What especially attracted attention was the effort to cover up injuries produced by the rite, or to charge its evils to the idiosyncrasy of the patient, this time truth appears to have been more nearly

approximated in attributing idiosyncrasy to the virus employed, yet it is injustice to charge all to the New England Vaccine Company, of Chelsea, Massachusetts, for its reputation for integrity is as good as that of any virus producing firm in the country, Martin's not excepted.

The idea that the Georgia vaccine disaster was the result of a "mixture of deleterious substances sold by a Boston shop-keeper" as stated by Dr. Charles R. Drysdale of London, (England), is not consonant with the evidence of the chairman of the Thomasville Board of Health, nor its public vaccinator, Dr. Andrews, as the following telegram from the former and letter from the latter to the New England Vaccine Company abundantly establishes:

"Thomasville, Ga., March 18th. '82.

To Dr. W. C. Cutler :-

In answer to your inquiries this morning, I would state that the City Council of Thomasville, Georgia, are satisfied with the results obtained with the use of your virus. Full particulars by mail.

(Signed) H. Wise
Ch'm Board of Health."

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"Thomasville, Ga., March 17th. '82.

To Dr. W. C. Cutler

Dear Sir:-

I was employed by the City Council to vaccinate as many of the citizens of Thomasville, free of cost, as might feel disposed to avail themselves of such an opportunity.

As you are aware, the chairman of the health committee ordered a lot of cones from you. Being employed by the city council, as stated above, I used these cones and must have vaccinated somewhere near a thousand people. I was well pleased with the results obtained with the use of the virus. I had no success with any virus until I began the use of yours. Success was uniform, or nearly so with the use of it.

Very respectfully,

John D. Andrews"

A perusal of the above testimony, from men in authority, does not reveal anything exceptionally wrong with the virus of the New England Vaccine Company. In fact it disposes of the theory superciliously suggested by the phrase "Boston Shopkeeper"; and

See post p 402

In February 1883, Dennis Reiley of Derfee Avenue, Fall River, Mass., aged 41 was forcibly vaccinated. Three distinct abrasions were made in his arm, which in a few days became frightfully swollen and inflamed; the pustules became confluent, producing a deep phagedenic ulcer one inch in diameter. The striking feature in his case was an erysipelatous inflammation, attended with high fever, extending from the

shoulder to the hand, general malaise, sleeplessness and restlessness which prevented him from following his occupation for three weeks.

In the same month Albert Frost was forcibly vaccinated at the Fall River Bleachery, being at that time in good health. He attempted to resist the vaccination and tried to wash away the vaccine matter, but without effect. Violent erysipelas supervened which proved fatal in about ten days after the vaccination.

n Mrs. E. A. Erskine, employed at the watch factory, Waltham, Mass. was ordered to be vaccinated or leave her situation. She reluctantly complied with the edict and was vaccinated by Dr. Cutler of Waltham, on January 28th., 1882. Intense inflammation followed, succeeded by the formation of a large corroding ulcer and mortification of the arm at the seat of vaccination. By the aid of poultices a core of dead flech was removed, leaving a hole in her arm as large as a coffee cup. Mrs. Erskine suffered such intense agony for two months, during which time she lost seventeen pounds in weight, that she declared that in the event of her having any children she would rather see their throats cut than see them vaccinated.

In the Homoeopathic World, May 1st., 1883, Dr.S.Swan of New York he calls vaccination an unjustifiable poisoning of the system, and mention-s the case of twenty three children who were vaccinated; ~~xxx~~ but one "took", in some it produced terrible ulcers on the arm, some of which were over two inches in diameter, the arms being inflamed, swollen and very painful, with large abscesses in other parts of the body, causing great suffering.

Dr. Cory also informed the Royal Commission that he had more sore arms from calf lymph than from arm to arm vaccination. 2.4370

In Dr. Cory's "Lectures on the Theory and Practice of Vaccination" before quoted, p.64, Dr. Cory says:

> "The rashes which follow vaccination are not definite - in fact, are as numerous in character as there are rashes to which children are liable; they are determined more by the nature of the child's organism in whom they occur than by the vaccinia . (90)

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(90) Even where this is true, it is the vaccination which excites the tendency into activity, and which but for this exciting cause might have lain dormant indefinitely.

It is thus that we explain the very various forms of eruption which are met with after vaccination; it may be a general Erythema, or an Eczema, or an Urticaria, or a Lichen, or may partake of the appearance of any other rash to which children are liable. Certain local irritations are sufficient to cause lesions in weak skins." (What are 'weak skins'?) ~~(89)~~ (91) "On skins on which these local conditions are sufficiently potential to cause mischief, vaccination will also be potential to do the same and cannot be expected to confer the most lasting immunity from small-pox that vaccination is capable of affording. For a common appearance of the vaccine vesicle under the above abnormal conditions see Plate IX., Lecture V. "(Atlas, Plate XXXIV.) at p.65 He says: It may be accepted without doubt that calf lymph which has never passed through the human being since its origin is perfectly free from syphilitic taint and yet syphilitic eruptions follow its use. This fact alone should in this particular syphilitic infection restore our confidence in the use of human lymph."

The implication Dr. Cory desires to have made, is that in such cases the unhappy vaccinee has in fact inherited syphilis, and to what lengths this prepossession will lead vaccinal officials, was seen in the too notorious Leeds case of the children of a Mr. Child ~~Ward~~, wherein a child who and whose family were absolutely free from any syphilitic taint, as was completely proved before the Royal (Br.) Commission of 1889, ~~Fourth~~ (Sixth and final reports) was reported by a high official of the Local Government Board of England, Dr. Ballard, to have inherited syphilis; and all efforts to establish the real facts were worsted by the Board. Finally when the falsehood of Dr. Ballard was made manifest through the investigation ordered by the Royal British Commission (of 1889), the Local Government Board still protected Dr. Ballard. When his attendance was required, and which had been promised, and could no longer be put off, to explain his untruthful report, the Local Government Board permitted him to retire upon a pension; and then - as he was no longer in their employ they could not, they said, require him to attend the Commission! The Royal Commission had not been given the power to compel the attendance of witnesses. It ~~is needless to say that~~ would be difficult to suppose that any ~~every~~ member of the L. G. B. ~~MUST have had knowledge~~ could be ignorant of that fact, [91*] then why was he permitted to retire just at that time?

Another eruption to which Dr. Cory admits children are subject after vaccination is Urticaria. Atlas, Plate XXXIX, Fig. 1. is a copy of a drawing of Dr. Cory's Plate V., Fig. 2, representing a severe form of eruption as it occurred in a child, A.R.T.

~~#89~~ (91) The lack of knowledge of pathology and of physiology as well displayed by this sentence must not be passed in silence. It is not the skin which is at fault. On Dr. Cory's own hypothesis there is a discrasia which is stirred up by the vaccine poison; that is probably true in some cases, but in others - and probably in the majority - the vaccine poison has imparted to the vaccinee a veritable discrasia.

91*: Sixth Report Royal (Br) Com pp 216-226 Final Report 5427 Minority Report 5209-10 This case also proves that "pure Calf Lymph" will produce occasionally lesions indistinguishable from syphilis.

in 1879. Fig. 2. is a copy of Dr. Cory's Fig. 1. of his plate VI. representing the right flank of the same patient. Fig . 3. is a copy of Dr. Cory's Fig. 2., Plate VI., and represents one of the spots about the natural size with the details filled in. The patient was vaccinated November fourth with human lymph; the first rash appeared November 13th., the original drawing was taken November 19th. Says Dr. Cory:

> "On the sides of the cheeks, on the dorsum of the feet and on the backs of the hands the eruption become vesicular or even bullous. It is as common after calf-lymph as after human inoculation. Plate VII., (Atlas, Plate XXXVIII, Fig.1., represents an Urticaria, the drawing being taken at a late stage of the eruption.
>
> Another eruption which happens after vaccination is Eczema, chiefly occurring about the head and face, or as intertrigo about the buttocks, axilla, or in the fold of the neck. Impetigo behind the ears (# 90) is also met with, and tinea tarsi . . . Lichen in its various forms may also follow vaccination, but lichen also occurs during dentition in some children. See Plate VIII (Atlas, Plate XXXVIII, Fig. 3) which illustrates this in a severe form. This rash came out on the tenth day after vaccination with calf-lymph."

Contradictions among vaccinists as to every point relative to the rite are common. Dr. Cory objected to the use of Vaccinal shields (supra p.) stating "No surgeon in his senses would advise such a thing". In the face of this condemnation by one of "their greatest authorities", the insistance of American physicians on the use of shields as the "best practice" would be comical, were not the whole business so deeply tragic. (See Dr. Cory's "Theory and Practice of Vaccination" p. 45).

Atlas, Plate XVII., Fig. 2, is a copy of Plate XXXIX, Fig. 3. of Dr. Crocker's Atlas, (# 91) called by him "A case of Impetigo Contagiosa after vaccination." Dr. Crocker's case is thus described by him.

> "The patient Emma C. aged four months was brought to the University College Hospital (Gower St., London) in November 1891. she had been vaccinated six weeks previously: the vaccination scab had got rubbed off, (?) and a vesiculo-

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90 It was probably this form of eruption which was alleged by the Rev. G. C. Jenner for the exculpation of vaccinia in the case of the child of Lord Fortescue. Supra p.

#91 Fig. 3 in the plate, but called Fig. 1. in the text a very confusing misprint.

pustular eruption had followed soon afterwards and had dried up into the scabs depicted in the plate"

Says Dr:Crocker:

"Of course it should be understood that the Impetigo Contagiosa following vaccination has no relationship to the vaccination itself, except that when, as in the present case the scab was rubbed off, or the cutis becomes exposed from this or any other cause, it affords a door of entrance for the Staphilococus pyogenes aureus, which seems to be ever present in the atmosphere."

There is no warrant for Dr: Crocker's statement ~~interlined~~ under italnized (G mk L) in the passage above quoted. His making it affords another illustration of the illogical character of the medical mind, exhibited in this one of its most deservedly eminent members. In the case described, there was sepsis intoduced into a wound purposely made; what appearances that septic matter will induce are absolutely unknown to and unforeseeable of all men. The condition callled Impetigo is one of the many which have been known to follow. Already in this work illustrations have been given of disease and death clearly due to vaccination though not declaring themselves till a long period of time after the inoculation of the poison.

In few of such cases can the chain of causation be established, in most it is not even suspected by the unfortunate victim or his parents, or if suspected the suspicion is dictatorially silenced by the physician, to whom most laymen yield the same unquestioning belief that until but yesterday was yielded to the priest. But enough remain, established on impregnable evidence, to make the practice of the inoculation of the products of disease morally, though not as yet legally malpractice, even in the absence of the other manifold reasons put forward in this work. Dr:Crocker's statement is further open to criticism, for lack of the logical sense, in that he assumes the presence of an unproven and merley supposititious cause, viz: the Staphilococcus P.A., while the sufficient cause is admittedly present, the septic matter which itself may have contained Mr Hutchinson's suppositions cause.

Further on this head we now know that the so-called pathogenic bacteria are not the causes but are the results of disease. (See the account of the discoveries of Béchamp, sup:)

The following is a case in which the "fons et origo mali" could not be disputed though developing some twenty years after the peccant cause,-the

report of the case is taken from "The Georgia Practitioner" of

and is by Dr:William B.Crawford

" The patient was a colored farm hand of about 68 years of age. The family and personal histories were negative except that the patient had had frequent attacks of malaria. Twenty years before he had been vaccinated upon the right arm. A scar about the size of a quarter,(19/20ths of an inch)resulted. No tendency to hypertrophy about the scar and no keloid formation had been noted. Patient was a moderate drinker,syphilis denied and no evidence of it present." Eight months before admission to the hospital the scarbecame tender and painful. There was no history of injury. The scar began to increase in size and the patient consulted a physician. In a few months thereafter the scar broke down with a resulting foul-smelling lesion. Loss of flesh and strength became rapid and decided. On admission the upper third of the arm showed a necrotic foul mass,covered witha purulent discharge and bled readily. The axillary glands and a chain lower down the sides of the chest were enlarged. The general appearance of the lesion was that of an infected keloid The Temp:was 100 pulse 96 respiration 22. Urine negative. Operation Arm dislocated and removed with extensive dissection of the axillary space and side of chest. Patient died two hours after operation.

The testimony of Professor Crookshank before the Royal commission and which will be extensively quoted later in this work, as also ~~D~~ Surgeon-major Reed U.S.A in his paper showed that the

per of Surgeon Major Reed, U.S.A. before quoted (Supra p/) that the Staphylococcus P.A., or other so-called pathogenic bacteria were always present in the vaccine viruses examined by them; and further, that even from Dr. Crocker's own standpoint, if the vaccinal wound had not been made, the Staph:P.A. could not have entered the system, and lastly that the bald assertion that "Impetigo contagiosa following vaccination has no relationship to the vaccination itself," is but a bald assertion of the learned doctor contradicted by evidence of the presence of his bacteria of purulation, which, inoculated, as part of the vaccine virus, leads to the exact opposite conclusion from Dr. Crocker's bald assertion. The dogmatic assertion of the learned doctor is further a violation of the canon of philosophical reasoning before stated, viz: "that it is not allowable needlessly to multiply causes." On the doctor's own showing the presence of the Staph. P. A., which, or some other pathogenic bacteriasm is always found in the vaccine virus, is a sufficient cause: to imagine some other cause, for the existence of which no evidence can be presented, is not permissible in logic or philosophy!

Atlas, Plate XXXIX., Figs. I & 2 are copies of Dr. Crocker's figures & of this plate XXXIX (called & in Dr. Crocker's text.) Dr Crocker says:

> "These figures represent the so-called vaccine lichen which is the most common of the unavoidable eruptions" (following vaccination) "It may occur either as papules, as in the present case, as papulo-vesicles, small pustules, and in rare instances may be associated with bullae. The case illustrates one of the most common forms of it. The patient, James K. was brought to the University Coll. Hosp. on July 16th., 1892. He had been vaccinated from the calf ten days previously and the eruption had first appeared on the ninth day. It consists of a very fine papular rash with some attempt at grouping round the follicles. The papules were very slightly raised above the surface, were of a bright red color and, on the arms and legs, where the eruption was most abundant, they had in many places coalesced into small, irregular, very slightly raised patches.
>
> The five vaccine lesions presented nothing (?) abnormal, except that the inflammatory areola round them was very intense and extended over an area three inches in diameter."

Mostly the readers of this work will, it is expected, be either physicians whose duty it is to relieve human suffering, or students who are intending to devote themselves to the noblest of professions. I ask them to reflect upon what that highly inflamed areola surrounding the vaccine ulcers necessarily implies of pain and suffering to the unhappy

subjects of this cruel experiment and to ask themselves how any man, whose duty and whose profession is to heal the sick, can justify to himself the practice of inducing such suffering upon a healthy helpless child!

In the same plate, Fig. 3 (Fig. 4 of Dr. Crocker's plate) represents, says Dr. Crocker:

"A somewhat peculiar eruption after animal vaccination. Ther-esa W. age six months was brought to the East London Hospital for children, on March 10th., 1890. She had been vaccinated from the calf when six weeks old in three places, which never healed and coalesced into an open sore which discharged and was still exuding when brought to the hospital. When seen by Dr. Crocker on March 14th. it formed a patch an inch and a half in its vertical and an inch and a quarter in its transverse diameter. It was sharply defined and slightly oozing at the edge with dry dirty-looking scab-s in the centre. Three weeks after the vaccination crops of papules and vesicles began to appear, covering nearly the whole body surface. These had coalesced into patches on the scalp, but had remained discrete over the rest of the body. When brought to the Hospital there were only a few scattered papules of this character together with the flat, vesicula-pustules shown in the drawing situated chiefly on the scalp and on the vaccinated arm. The diease was probably due to microscopic infection at the site of the vaccination lesions!

Unknowingly, Dr. Crocker has here most probably stated a fact, but without understanding it. Serum from the sore upon the vaccinifer, in this instance a calf, forms the substance of the vaccine virus: with this virus, nay part of it, the diseased microzymas of the diseased cells, or alkaloid poisons produced by their action, passed into the blood of the unfortunate vaccinee, and WAS the "microscopic infection", so called by Dr. Crocker who, blind to the real facts, imagined that some extraneous organism has got to the wound to satisfy the fanciful theories of Koch and Pasteur!

Under the General heading, "Gangrene et vaccinide" Dr. Crocker gives in Plate XLI., Fig. I a case of Dermatitis Gangrenosa Infantum. Atlas, Plate XLI., Fig. 2 is a copy of Dr. Crocker's drawing and is thus described :

"Ellen A. B. aet. One, first brought to the University College Hospital as an out-patient, July 7th., 1886. Family history generally good. Child suffering from Rickets, sweated profusely and had some bronchitis. Three weeks previously had an eruption, commenced on the neck and spread all over the body, and when seen, every part except the face, hands and feet was more or less covered most thickly on the chest, scapula and forearms with red papules, from a pin's head to a hemp-seed in size, most of them flat, angular and shiny, but some on the thighs and knees were round and convex.

On the largest and deepest colored of these last was a minute pustular centre. It was in these miliaria vesiculo-papules near the knees that the more serious lesions commenced on July 16th. and 17th. At the same time more mattery-heads appeared upon the buttocks which broke and became sores by the eighteenth. Brought again to the Hospital on the 21st. Many small ulcers on the buttocks and lower part of the abdomen, two on the forearm, one about one third ofan inch in diameter in front of the thigh (the first to be formed) and two above the knee on the left side. The child was taken into the Hospital on July 24th. She was fairly well nourished, but had a gooddeal of bronchitis. Observation showed that the lesions were produced in the following way: a pustule about one sixth of an inch formed with red areola, enlarged to one and one eighth of an inch, then dried into a scab surrounded by a ring of pus: ulceration proceeded laterally and vertically below the scab to a varying extent and a slough was formed, the centre becoming quite black... August ninth. Diarrhoea, a few fresh lesions on the eleventh; the ulcers on the buttocks deeper but no fresh lesions, diarrhoea continued until death on August nineteenth

On the same Plate, Fig. 2 is a copy of Plate XLVI. of Ricord's work on venereal diseases, a case of Pustulo- Crustaceous Syphilide shown for the purpose of comparison with Fig. 1.

Atlas, Plate XL., Fig. 1. is the portrait of the arm of Benjamin Pullan of Leeds, England. Dr. White of that City certified that "The diseased state of his arm was due to Vaccination and was incurable."

Atlas, Plate XL., Figs. 2 & 3 are portraits of Mary Jane Inkley. This case became the subject of a judicial investigation. Her parents were robust and healthy country people. The vaccinal sores spread to the head which became a mass of scabs. Her eyes were closed by the sores and remained so until operated on by Dr. Bell Taylor of Nottingham. Then the eyes sloughed away and the sockets became the seats of running sores which would not heal. The eruption upon the head spread downwards to the arms. Mr. Lucas Calcraft a provaccinist and chairman of the magistrates before whom the case was heard, proved that the attending physician stated the condition was due to vac--cination.

The unfortunate child is totally blind, the eyes rotted out of their sockets. Her arm hangs uselessly by her side, and is swollen to a dreadful degree. The entire head and arm are covered with large open sores from which matter is continually oozing. The poor father has carried the child hundreds of miles in the hope of getting some re-

lief for her. Blind and crippled, death only can relieve her misery. The rest of the family is healthy; the parents refused to allow them to be vaccinated. Can not this case rouse the sleeping consciences of the medical profession?

316 Atlas, Plate ~~XLI.~~, Fig. ~~1.~~ is the portrait of Maria Hutchinson of Armley, near Leeds, (England) was healthy until vaccinated. Parents healthy. In this case a jury was summoned, but the coroner refused to hold an inquest? The jury and parents protested mainly against this refusal.

In the winter of 1885, Dr. Eltinge, a practising physician residing at Brooklyn, vaccinated himself on the external face of his right leg; the vaccine material was 'pure lymph' ~~obtained from . . . . . .~~ but did not succeed in learning whose manufacture. Dr. Eltinge had also ~~so~~ been vaccinated in infancy. A night or two thereafter he was called out to an obstetrical case and on his return home was exposed to severe weather and was much chilled. The vaccination sore inflamed and became an open running ulcer with indurated base and so continued in spite of treatment for eleven years when it healed. Dr. Eltinge continued to practice his profession but was ailing all the time. He continued thus for about two years when he was again exposed to stormy weather. Now the old vaccine sore inflamed, ulcerated and has continued to be an open running sore ever since.

I saw him at the Presbyterian Hospital in the month of September, 1902 and asked him to permit me to send a photographer or artist to make a portrait of his leg and he promised to inform me of a time when his leg would be dressed that the picture might then be taken, and that he ~~to do~~ would do so arrange with the house-surgeon ~~for that purpose.~~ Not hearing from him I wrote again, ~~also~~ to him to the Hospital but without effect. Early in December I saw a statement in the Brooklyn Eagle that his leg had passed into gangrene, and being now incurable he had returned to his home. He died in 1903.

319 — The following cases were communicated to the author by Dr. A.F. Stephens, Editor of the American Medical Journal of St. Louis, Mo.

Case I. "Melissa Lofflin, four years old was vaccinated December fifteenth, 1898. At the same time four others in the same fam-

387 ~~287~~ ~~241~~ 203 ~~373~~

ily were vaccinated. The result of the vaccination in Melissa, was a very sore arm; much swollen and slow to heal. Shortly following the vaccination, and before the arm had healed, numerous eruptions made their appearance over the body but mostly on the extremities. These developed into eczematous patches which by irritation from scratching or otherwise became sore and ulcerated. The child became greatly emaciated and remained so for a long time. After three years the eruption still persisted and when I last saw the child in August 1901, she was full of sores although everything was done to relieve her that could be. The family was perfectly cleanly.

The child, in fact all of their children were perfectly healthy from birth. The parents had no syphilitic taint.

The vaccine virus used in vaccinating this family was the so-called fresh, pure and tested. Every precaution was taken to have the skin surface aseptic for I have always been afraid of vaccine pus. Result of this vaccination, - the life of one child ruined.

Case No. 2. "Mrs. B. 22 years old. Vaccinated. Result - the development of a latent tuberculosis almost immediately following the act of vaccination. When last heard from she was declining in health in spite of all that could be done. She attributed her decline to vaccination. There was in this case a history of consumption in the family and only needed the presence of vaccine pus to start the latent monster into life.

319½ way

Plate XLIII Fig. 2 is the portrait of Edward son of Anthony Jarron. Healthy until vaccinated: family healthy. No cancer or other constitutional taint known in the family. Two grandparents on the father's side lived to be over one hundred years old. The vaccination sores refused to heal. They continued to discharge a yellow matter. The Father got an ointment from Mr. Gammlage and then it healed, leaving a little red speck. After the arm healed the cancer appeared in one eye, within six months from the vaccination. Dr. Bell Taylor of Nottingham extracted the eye. Then in a little while after, the other eye became affected and was also excised. After that it spread all over his head. He died after dreadful suffering at the age of two years and five months. The portrait was taken a fortnight before he died. (Fourth report, Royal (Br.) Commission, 1889, Q.14,341 & sub.)

In one of the Lane Lectures delivered by Dr. Malcolm Morris of London at the Cooper Medical College, San Francisco, Cal. and reported in the New York Medical Journal of October twelfth, 1901, the Lecturer notes among the inoculable diseases, Tuberculosis, Scrofula and Lupus vulgaris. ~~Under the head of "Transmission of Lupus by vaccination"~~ he quotes a case described by Dr. Graham Little in the British Journal of

Dr. Wm. B. Cranford of Savannah, Goergia, reports a case of Carcinoma resulting from vaccination. His report will be found in the Georgia Practician for 1905, Vol. I, p.44, and is as follows:

"The patient was a colored farm hand, aged 68. His family history was negative and except for frequent attacks of malaria, his health had been good.

He had been vaccinated twenty years ago upon the right arm, the resulting scar being about the size of a quarter (19/20 of an inch in diam.)..... Eight months prior to his admission to the hospital as mentioned below, the vaccination scar became painful and tender, although there had been no traumatism. The scar also began to increase in size and this lead him to seek a physician.....The scar continued to increase slowly in size up to three months before he came to the hospital, at which time the increase became more rapid and in a month it broke down with a resulting ulcerative foul smelling lesion; loss of flesh and strength, gradual at first, it soon became more rapid and very decided.....Heart, lungs and kidneys normal, but the peripheral vessels were endaritic (endarteritic?). The upper third of the right arm presented a necrotic foul mass, which was covered with a purulent discharge and bled readily. The size of this mass was about 3 1/2 in: by 4: and was elevated about 1/2 inch above the surface.

There was enlargement of the axillary glands and a chain of infected glands down the side of the chest. These glands were discrete. The general appearance was that of an infected keloid.

Operation. The arm was disarticulated and removed with extensive dissection of the axillary space and side of the chest.

Patient died 22 hours after the operation."

The case is reported as interesting because of the development of carcinoma in the scar, 20 years after vaccination.

Several cases of lupus from vaccination were given by Dr. Morris, and he states "I think it is clear that the inoculation of lupus must be regarded as a possible accident of vaccination ." (British Journal of Dermatology, March, 1901 .)

In Obstetrical Transactions for 1864, Vol. 5 p. 196 is the description of a case of "Syphilis after Vaccination" by Robert Druitt, M.R .C.P., Illustrated by two plates, numbered 5 & 6 in the transactions, Atlas Plate ~~XXXVI~~ XLIV., Figs. 2, & ~~3~~ 14, patient a boy of two years, second child of perfectly healthy and respectable parents, an older child healthy, and so was the patient until vaccinated, on the 27th of June 1864.

> "Three weeks later, three of the six vaccine vesicles were converted into indurated chancres which were soon followed by secondary eruptions of the skin and arms. The drawings are admirably executed by Mr. Leveille and show the phenomena as they existed on the 19th. of September, twelve weeks after vaccination. The eruption was fading under the influence of Merc. and the primary sores granulating.
>
> The President said " A case had come to his knowledge of a lady who was unfortunately infected with Syphilis through vaccination: a syphilitic sore occupying the seat of the vesicle and remaining unhealed for a long time. The other children vaccinated from the same child were also syphilized. Upon inquiry it was found that the child from whom the lymph had been taken was perfectly free from any general eruption; but after a search, two or three sores of a syphilitic aspect were found around the anus. The parents appeared healthy and altogether, there were no symptoms which would have led to the belief of the existence of syphilis unless after rigorous search."

In the light of what has proceeded, there is no difficulty in interpreting the facts of the above case, though neither Mr. Druitt nor any member of the obstetrical society seems to have had any inkling of the truth. As shown by Drs. Creighton, Crookshank and Boëns, and by the facts detailed in this work, the true analogue of Cow-pox is great pox or Syphilis: its virulence is generally latent under the "management" of cow-pox poison, by the manufacturers, but sometimes shows a tendency to revert to its natural "savagery". It showed this tendency to a slight degree, in the vaccinifer, in the case of Mr. Druitt's patient, and become intensified in the vaccines of that vaccinifer.

Plate ~~XXXVIII.~~, Figs. I & 2 are photographic portraits, front and back of A.J., received from Dr. H. Becker of Toronto, Canada. This patient's life, like so many others, has been ruined by vaccination. It prevented his going to college and from marrying.

Dr. Becker has furnished the following history of the case.- A.J.,- male, vaccinated in 1878, being then about eight~~een~~ years old, his brother two years older was vaccinated at the same time. Family history good, - parents, farmers. Both boys always in good health except once ~~a~~ had an attack of itch which lasted a very short time. After vaccination both boys broke out with the same kind of eruption, all over the body as shown in the portraits. With the older it continued for four years and then gradually disappeared. November 3rd, 1898, the younger (A.J.) called on Dr. Becker, having then had the eruption over twenty years, which, as seen in the portraits taken in 1898, then covered the whole body, the extremities, and scalp, and at times it encroached on the forehead and face to a slight extent. It consists of serpiginous patches of various sizes, generally elevated, dry and flaked, the flakes fall off and crumble on being touched; says he has gathered a double handful on the paper on which he has shaken out his gown on rising in the morning. He suffers from thirst, the eruption is painful, especially in cold weather, and is frequently very itchy. The portraits do not show the eruptions as vividly as they actually are, , the strong light of the photographic process toning down the roughness and elevation It resembles a syphilide, or some say psoriasis.

It is probable that the itch from which the patient suffered in early youth had not really been cured, but as is too often the case suppressed by improper treatment, leaving a latent dyscrasia which was called into activity by the vaccination; this does not exonerate the vaccination. (See post , p. 579.)

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In Hutchinson's "Illustrations of Clinical Surgery", (Plate ~~XXXI~~., Atlas Plate XLVII.) Fig. 1, is the portrait of a syphilitic papulo-scaly rash on the neck of a young girl, and in fig. 2 we have the state of the arm of the same patient. The rash occurred on many other parts. Dr. Hutchinson thus describes the case.-

"E.T., aet: four years, vaccinated February 13th: Five of the punctures took well, went through their usual stage and healed. Afterwards the scars inflamed and ulcerated. Was seen by Mr. Tay, May 5th. Presented superficial sores with slightly indurated bases and covered with a good deal of scab on the seat of the vaccination scars; glands in armpit enlarged. Deep symmetrical ulcers on Tonsils nearly healed. Copious rash of papules and small scaly patches on body, the color, arrangement and general appearances of which were most characteristic. This eruption was symmetrical and occurred especially on the back of the neck, bend of each elbow, thighs and hips.

Under mercurial traetment the CHANCRES healed and the rash disappeared. The Chancres in this case were peculiar in that a good deal of inflammation had surrounded them and had produced an amount of scale and crust by which the specific induration was much concealed. The portrait was taken thirteen weeks after vaccination. The eruption according to the mother's statement began to appear eleven weeks after the vaccination.

Atlas, Plate XLIII., ~~fig. 2~~, is a case of Vaccinal-Syphilis described in the same work as the last case -- plate 23, as follows:

"Portrait of a girl, aet. thirteen, taken thirteen weeks after vaccination. There had been three sores but two of them had joined and formed the very large one with a prominent mass of granulation in the centre. The third sore seen below the larger one had healed, but remained indurated. The child was covered by a dusky scaly rash. The case is No. 24 in the Hospital Report presented to the Royal Medical and Chirugical Society, published in their Transactions for 1871. The following description is from p. 338.

Caroline W., aet. 13, a revaccination. Three places took, sores never quite healed. About the fifth week inflamed considerably. An abundant eruption appeared in eighth week and at same time she failed in health, lost appetite and had pains in limbs. At the beginning of the fourteenth week had a large open sore on arm with indurated elevated edges and prominent florid granulations in the centre. This sore was formed by the coalescing of two; a third was healed but indurated. She had symmetrical excavated ulcers on the tonsils, and enlarged glands in axilla and back of neck. Copious eruption of dusky flat-topped papules occurred on almost all parts except the face and there was a single round condylomatous patch on her tongue.

Mercurial treatment for more than two months. Is said to have got well, but at the end of July a small condyloma appeared at anus which disappeared under treatment, but that does not mean she is well: on the contrary could her history be traced it will almost certainly prove one of a ruined life. No Syphilographer will dare to say that the Syphilitic taint has been eliminated. That she could marry without any risk of imparting syphilis to her husband, or the syphilitic dyscrasia to her children should she have the misfortune to beget any? And what shall be said of the suffering she and so

many others have been forced to endure, and the undeserved shame that unfeeling and misbelieving neighbors cast upon them ?

In Hutchinson's "Illustrations of Clinical Surgery", Plate 24, we have two cases, (Atlas, Plate XLV, Figs. 1 & 2) which are thus described . -

> In this plate we have represented the state of the sores on the arms of two young women who were vaccinated on the same day from the same child. In each three indurated chancres had developed, but in Fig. 1., the amount of inflammation is much greater than in the other. The sameness of the condition in each case of all the chancres is very noteworthy."

In both patients the vaccination sores had gone through their stages and healed well, before the chancres developed. The portraits were taken exactly two months after vaccination. It would be well for Physicians to reflect upon the terrible affliction and degredation imposed upon these two young women by the law-enforced rite of vaccination. It is true that at present "glycinerated calf-lymph" is the matter now generally employed in vaccination. (Note 94) but there is no further guarantee against syphilitic inoculation by calf-lymph than the "say-so" of the vaccinating officials, the same guarantee which for years was given in the case of arm-to-arm vaccination, in the teeth of constantly recurring facts to the contrary which were met with jeers or reckless denials. And while these denials with reference to calf-lymph (Note 95) are as positive as were those given in the case of arm-to-arm lymph - and it was impossible

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Note 94. Notwithstanding the recommendations of Drs. Coupland and Acton and their last report and the positive assertions of the L.G.B. of Great Britain of the perfection of the virus, search is now (July 1904) being made by them and by various Boards of Health in the United States, for some menstruum in which to steep their viruses which shall destroy all pathogenic properties of their viruses which they abusively deny when so accused, and deny in all the statements they publish for distribution among their dupes , - the people ,)

Note 95. The Italian Commission on vaccination in their report - published at Turin in 1876, say : " The Syphilis virus may be implanted in bovines, and successfully retransferred to man.

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that they should be more positive, the evidence of numerous clinical cases and the confessions of avowed advocates of vaccination pronounce the dangers of calf lymph to be even greater than those of "humanized lymph".

In the Transactions of the Royal Medico-Chirurgical Society, Vol. LXV., p.1-12 there is a description of a case of Gangrenous eruption following vaccination, given by Mr. Jonathan Hutchinson, as follows

"A male infant about three months, and in excellent health was vaccinated on November 11th., 1879 at a district Office. The vac-cination was from arm-to-arm and the vaccinifer appeared to be in perfect health. Four others were vaccinated from the same source at the same time and nothing unusual happened. On the eighth day after the vaccination the child was brought again to the station fo examination. It had four pearly vesicles on the arm, which showed nothing unusual, but its body and limbs were covered by an eruption of a peculiar character. This eruption which had been coming out for a day or two, was described by my informant, the vaccinator, as looking like small-pox. He said that the papules were distinctly shotty, and believing it to be a case in which variola had been contracted prior to vaccination, he instructed the mother to take the child home and on no account to bring it to the station again. Four days later he visited the child at its home and found the pustules much developed, whilst in many of them gangrene was commencing. He now advised that the attendance of the parish medical officer should be obtained. This was not done, the death occurred on November 30th., twenty days after vaccination The state of the child's skin after death may be realized with tole-rable accuracy by the portrait (Atlas, Plate ~~XLV.~~, ~~Fig.1.~~ Compare this with the portrait Plate Fig.1 from Dr. Radcliffe Crocker's Atlas Plate XLI.)

On the scalp and face there were spots and patches ranging in size from a shot to a shilling, some of them simply congested or scabbed, but others showing a central area of gangrenous skin. On the trunk, both back and front there were similar spots with some also much larger. All the larger ones showed a rim of deep ulceration which surrounded a central slough of black skin. From a few the slough had separated , a deep ulcer remaining. But few of the ulcers were quite round, and in many instances the shape was -irregular as if several spots had coalesced. The eruption occurred on both sides of the body alike, but as regards the larger eschars, it was by no means arranged in exact symmetry. The back was very severely affected and the lower part of the abdomen and upper part of the thighs. There were some large eschars near the knees, but the lower halves of the legs and the feet, and the whole of both upper extremities below the elbows were almost free."

A post mortem examination of the body was made, the viscera were free from disease and the child appeared to have been in a state of good nutrition. Mr. Hutchinson further says :

"Several somewhat different forms of eruptions have been recognized in this connection. Sometimes the rash is simply Erythematous, at others papular, and in a few it closely resembles Varicella.

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(96) We have here a striking illustration of what Herbert Spencer terms "Educational bias."